



Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of _____.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Anal Cancer/Colo-Rectal Cancer/Small intestine

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consultation with gastroenterologist and/or surgeon and all subsequent office notes (incl name of MDs)

_____ Operative reports /procedure notes for all procedures done:

- Needle biopsy
- Endoscopic ultrasound
- Surgical resection
- Flex sig/colonoscopy procedure

_____ Pathology: (all pathology associated with this diagnosis)

- Needle biopsy, excisional biopsy, resection
- K-ras mutation, if done

_____ Diagnostic studies: (+location)

- CT abdomen/pelvis
- PET scan
- Barium study
- Chest X-ray or Chest CT
- Other recent studies within the past 3 months

_____ Labs:

- CBC, CMP (most recent)
- CEA (if done)