



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: _____

CNS: Brain and Spinal Cord

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consult with neurosurgeon and subsequent office notes (include name of MD)

_____ Operative reports for all procedures/surgeries done
Biopsy if primary brain tumor

_____ Pathology: (all pathology associated with this diagnosis)
If metastatic pathology from primary cancer

_____ Diagnostic studies: (include location)
All MRIs or brain or spinal cord
CTs
Plain films of spine if done
Bone scan if done

_____ Labs:
CBC, CMP (most recent)
Dilantin level if on dilantin