



Date _____

Patient _____

DOB _____

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

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

(757)_____ ATTN : _____

Breast Cancer

- _____ Referring MD chart notes pertaining to cancer diagnosis
- _____ Initial surgeon's consult note and subsequent office notes (include name of MD)
- _____ Operative reports for all procedures done
- _____ Pathology reports for all biopsies/surgeries
- _____ Breast profile (ER/PR DNA, HER-2, Oncotype Dx, if done)
- _____ Labs: Most recent CBC CMP
- _____ Initial abnormal mammogram and or ultrasound
- _____ Previous mammogram if one done
- _____ Wire loc
- _____ Breast Specific Gamma Imaging (if done)
- _____ Breast MRI (if done)
- _____ Galactogram (if done)
- _____ PET scan (if done)
- _____ CT's, Bone scan, MRI's plain films (pertaining to current diagnosis/staging) within past 3 months