



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: \_\_\_\_\_**

**Esophagus/Stomach**

\_\_\_\_\_ Referring MD chart notes pertaining to cancer diagnosis

\_\_\_\_\_ Initial consultation with gastroenterologist and/or surgeon and all subsequent office notes (include name of MD)

\_\_\_\_\_ Operative reports /procedure notes for all procedures done:  
Endoscopy (EGD) procedure note  
Endoscopic ultrasound (EUS)  
Surgical resection

\_\_\_\_\_ Pathology (all pathology associated with this diagnosis)  
Biopsy (usually obtained during endoscopy)  
Surgical resection

\_\_\_\_\_ Diagnostic studies: (include location)  
CT chest/abdomen/pelvis  
PET Scan  
Barium swallow  
Chest x-ray  
Any other recent studies within past 3 months

\_\_\_\_\_ Labs:  
CBC, CMP  
H.pylori (if stomach cancer)