

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: _____

Gynecologic Referrals

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ ER notes, EKG and CXR if pt went to hospital for cancer related visit (ie for uterine bleeding, pelvic pain)

_____ All pathology and or pap smears

_____ Diagnostic Imaging: (include location)

CT's

MRI's

Ultrasounds

_____ Labs:

CBC

CMP

CA 125 and CEA's for ovary, fallopian tube, gestational trophoblastic tumors

BHCG/AFP