



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: _____

Head and Neck Cancers

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consultation with ENT, Dentist and/or surgeon and all subsequent office notes (include name of MD)

_____ Operative reports /procedure notes for all procedures done: (include location)

Needle biopsy
Surgical resection
Direct Laryngoscopy

_____ Pathology: (all pathology associated with this diagnosis)
Needle biopsy, excisional biopsy, resection

_____ Diagnostic studies: (include location)

CT
PET scan
MRI
Chest X-ray or Chest CT
Other recent studies within the past 3 months

_____ Labs:

CBC, CMP (most recent)