



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: _____

Heme Consults – Low Count

Reason for Consult: Anemia, Chronic renal insufficiency induced anemia, Pernicious anemia, Chronic blood loss, Pancytopenia, Cytopenias, Thrombocytopenia, Low platelet, Immune thrombocytopenic purpura, Leukopenia, low white blood cell count, Neutropenia,

_____ Last 5 years lab results:

- CBCs, Iron (Fe) Panels/studies, Ferritin level, Folate (folic acid), Vitamin B12, Methylmalonic acid (MMA), Homocysteine, Previous Bone marrow biopsy reports, Reticulocyte count, reticulated platelet count, Chemistries/metabolic panel, Thyroid studies (TSH, Free T4, TFTs), Sedimentation Rate, Serum protein electrophoresis, Urine protein electrophoresis, erythropoietin level

_____ Last 2 years imaging reports:

- Endoscopy report -- colonoscopy, upper endoscopy, EGD, esophagogastroduodenoscopy, sigmoidoscopy (including corresponding pathology.)
- Chest or abdominal CT scans
- MRIs.

_____ PCP/referring MD's chart notes

_____ Hospital admitting history and physical (incl name of hosp)

_____ Hospital discharge summary