

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 - Other

Reason for Consult: Abnormal SPEP, Abnormal serum protein electrophoresis, Suspect (multiple) myeloma, Monoclonal gammopathy, Elevated protein, Abnormal protein.

_____ Last 2 years labs results:

- CBC
- Serum protein electrophoresis
- Urine protein electrophoresis
- CMP
- Serum freelight
- Fe microglobulin
- LDH

_____ PCP/referring MD's chart notes

_____ Hospital admitting history and physical

_____ Hospital discharge summary

_____ Imaging Studies completed in the past 2 years:

- Plain film x-rays
- Skeletal Survey