



Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of Kidney cancer.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Kidney Cancer

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consultation with urologist and all subsequent office notes (include name of MD)

_____ Operative/procedure notes for all procedures done. (Include location)

CT guided biopsy
Nephrectomy

_____ Pathology: (all pathology associated with this diagnosis)

_____ Diagnostic studies: (Include location)

CT abdomen/pelvis
IVP
Chest x-ray or CT chest
Any other recent studies done within the past 3 months

_____ Labs:
CBC, CMP (Most recent)