



Date _____

Patient _____ DOB: _____

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

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

(757) _____ Attention: _____

Liver Cancer

_____ Referring MD chart notes pertaining to cancer diagnosis

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

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

CT guided biopsy

Major surgery

_____ Diagnostic studies: (Include location)

CT abdomen/pelvis

Chest x-ray or chest CT

Any other recent studies done within the past 3 months

_____ Labs:

CBC, CMP (Most recent)

LFTs

Bilirubin (All recent)

Afetoprotein, if done

