



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: \_\_\_\_\_**

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**Non Hodgkin's Lymphoma or Hodgkin's Lymphoma**

\_\_\_\_\_ Referring MD chart notes pertaining to cancer diagnosis

\_\_\_\_\_ Initial consult with surgeon and subsequent office notes

\_\_\_\_\_ Operative reports for all procedures/surgeries done  
(include location)

Needle biopsy  
Excisional biopsy  
Bone Marrow biopsy

\_\_\_\_\_ Pathology: (all pathology associated with this diagnosis)  
Including Flow cytometry, molecular studies

\_\_\_\_\_ Diagnostic studies: (include location)  
All CT's  
PET Scans  
All studies done within the past 3 months

\_\_\_\_\_ Labs:  
CBC, CMP (Most recent)  
Sed rate  
HIV, if done  
Any other labs done within the past 3 months