



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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**Metastatic Cancer of Unknown Primary**

- \_\_\_\_\_ Referring MD chart notes pertaining to cancer diagnosis
- \_\_\_\_\_ Initial consult with specialist and/or surgeon and subsequent office notes
- \_\_\_\_\_ Operative reports for all procedures/surgeries done
  - CT guided biopsy (radiology report)
  - Lymph node dissection of done
- \_\_\_\_\_ Pathology: (all pathology associated with this diagnosis, incl location)
  - Cytology
  - Biopsies
  - surgical procedures
- \_\_\_\_\_ Diagnostic studies: (include location)
  - Chest x-rays
  - CTs/MRI's
  - PET scan (if done)
  - All other studies done within past 3 months
- \_\_\_\_\_ Labs
  - CBC, CMP (Most recent)
  - Any tumor markers if done