



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

---

**Musculoskeletal (Bone, Soft Tissue Sarcomas)**

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

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

\_\_\_\_\_ Operative reports for all procedures/surgeries done

\_\_\_\_\_ Pathology: (all pathology associated with this diagnosis)  
If metastatic disease -- primary cancer pathology

\_\_\_\_\_ Diagnostic studies:

Chest x-ray

CTs

MRI's

Plain films

All other studies done within past 3 months

\_\_\_\_\_ Labs: Most recent CBC, CMP