



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: _____

Ophthalmic Sites (Eyelid, Conjunctiva, Retinoblastoma, Melanoma of the Eye, Lacrimal Gland, Orbit)

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consult with ophthalmologist and or surgeon and subsequent office notes

_____ Operative reports for all procedures/surgeries done

_____ Pathology: (all pathology associated with this diagnosis)

_____ Diagnostic studies:

CTs

MRI's

PET scan

Plain films

All other studies done within past 3 months

_____ Labs:

CBC (most recent)

CMP (most recent)