



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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**Pancreas/Bile Duct Cancer**

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

\_\_\_\_\_ Initial consultation with gastroenterologist and/or surgeon and all subsequent office notes

\_\_\_\_\_ Operative reports /procedure notes for all procedures done:  
ERCP  
CT guided biopsy  
Whipple procedure or other major surgery

\_\_\_\_\_ Diagnostic studies:  
CT abdomen/pelvis  
Chest x-ray or chest CT  
Any other recent studies done within the past 3 months

\_\_\_\_\_ Labs  
CBC, CMP  
Bilirubin (all recent)  
CEA