



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: _____

Skin (Carcinoma, Melanoma)

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consult with dermatologist and/or surgeon and subsequent office notes (include name of MDs)

_____ Operative reports for all procedures/surgeries done

_____ Pathology: (all pathology associated with this diagnosis)

_____ Diagnostic studies: include location
(if basal cell there will not likely be studies)
CTs
MRI's
PET Scan
Plain films
All other studies done within past 3 months

_____ Labs:
CBC (most recent)
CMP (most recent)