



Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of Testicular cancer.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Testicular Cancer

- _____ Referring MD chart notes pertaining to cancer diagnosis
- _____ Initial consultation with urologist and all subsequent office notes (include name of MD)
- _____ Operative/procedure notes for all procedures done.
- _____ Pathology: (all pathology associated with this diagnosis)
- _____ Diagnostic studies: (include location)
 - Scrotal ultrasound
 - CT abdomen/pelvis
 - Chest CT or Chest x-ray
 - Any other recent studies done within the past 3 months
- _____ Labs:
 - CBC
 - CMP
 - Serum HCG
 - AFP
 - LDH