



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: _____

Thorax (Lung, Pleural Mesothelioma)

_____ Referring MD chart notes pertaining to cancer diagnosis

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

_____ Operative reports for all procedures/surgeries done (Include location)

CT guided biopsy (radiology report)

Bronchoscopy

Mediastinoscopy

Thoracotomy

_____ Pathology: (all pathology associated with this diagnosis)
Sputum cytology

cytology on pleural fluid

biopsies, brushings, surgical procedures

_____ Diagnostic studies: (include location)

Chest x-rays

CTs

PET scan (if Non small cell carcinoma)

All other studies done within past 3 months

_____ Labs

CBC, CMP (Most recent)

_____ Pulmonary functions studies and or spirometry