

UCSF RADIATION ONCOLOGY – PROSTATE

NEW PATIENT MEDICAL RECORDS CHECKLIST

UCSF Radiation Oncology
415-353-7175

REFERRING MD- PLEASE INCLUDE THE FOLLOWING MEDICAL RECORDS FOR YOUR PATIENT *PRIOR* TO SCHEDULING AN APPOINTMENT:

Patient Name:

Patient DOB:

Requesting MD:

History and Physical from initial consultation of the diagnosis. Any other **History and Physical** regarding metastatic disease

ALL Diagnostic Imaging Reports and CDs related to the site of the disease being treated (CT, PET-CT, MRI, Ultrasound, Bone scan, etc.)

Operative Reports for all surgeries related to the site of disease being treated

Original Pathology/Cytology report (*MANDATORY*) and ANY related biopsies, including any recurrent and/or metastatic disease

Pathology slides from biopsy/biopsies pertaining to the diagnosis (if available)

Chemotherapy Records if patient received chemo (*name of drug, dose, dates administered*)

Radiation Records name of radiation oncologist, dose, number of treatment fields, dates of treatment, color copy of the treatment plan including ISODOSE LINES; preferably all contents provided on a DICOM-RT CD or an emailed PDF (*ask physics or dosimetry*)

Office visit notes pertaining to the diagnosis (particularly from radiation oncology, urology, and cardiology)
Medication list

Demographic information

Copy of insurance card front *and* back

Authorization for the consult from the insurance (if needed)

Referral letter from the doctor (if there is a referring MD)

Lab Results (PSA, testosterone, etc.)

Attention: **New_Patient Coordinator**
Fax: **(415) 353-9884**
Email: RadOncNewPatient@ucsf.edu