### **UCSF RADIATION ONCOLOGY**

## NEW PATIENT MEDICAL RECORDS CHECKLIST – PROTON OCULAR

415-353-7175

# WE REQUIRE THE FOLLOWING ITEMS FOR YOUR PATIENT *PRIOR* TO SCHEDULING AN APPOINTMENT:

Patient Name:

Patient DOB:

Requesting MD:

#### The following items are MANDATORY, treatment *cannot* proceed without them:

#### Patient demographic information

Copy of insurance card front and back

**Referral** from the referring physician (*unless self-referral*)

History and Physical from initial consultation of the diagnosis.

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

Large color fundus photo (fundus or iris/conjunctival anterior photo depending on disease location)

Tumor dimensions including height (ultrasound) and basal diameter

Eye axial length from US scan

OR fundus drawing with tumor & rings including distance to optic disc and fovea

#### Please provide the following items if available:

**Office visit notes** *pertaining to the diagnosis* 

- Previous radiation and medical oncology
- Ophthalmology
- Cardiology (if patient has a pacemaker, please include most recent note and CIED card)

History and Physical regarding any other metastatic disease

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

MRI report(s) and CD(s) in DICOM format related to the site of the disease being treated

Medication list and most recent lab work

Attention: New Patient Coordinator Fax: (415) 353-9884 Email: OcularRadOncNP@ucsf.edu