

RECORDS NEEDED FOR THORACIC SURGERY CONSULT

Usman Ahmad, MD; Daniel Raymond, MD; Alejandro Bribresco, MD

Referring Physician name: _____

Office # _____ Fax # _____

Patient Name: _____ SS# or DOB: _____

Diagnosis: _____

Thank you for referring your patient to the Cleveland Clinic Department of Thoracic Surgery. Your patient will be scheduled for an appointment with **Dr. Ahmad, Dr. Raymond or Dr. Bribresco.**

To provide a complete diagnostic picture for consultation, please provide the information listed below before the patient's scheduled consultation. The consultation may include additional testing. **If the patient has the slides, please tell him or her to bring all slides and FILMS to the consultation appointment, as they need to be reviewed at the time of consultation.**

Records Needed from All Patients
■ Copy of insurance information and patient demographics
■ List of patient's current medications and prescribed doses
■ Patient's diagnosis
■ Results from recent history and physical
■ Summary of oncology treatments, including chemotherapy and radiation therapy
■ Medical records and physician notes within one year (from referring physician AND primary care provider)
■ Pathology/cytology reports AND slides

Additional Records Needed from Patients with Esophageal Disorders
■ Upper endoscopy (EGD) report
■ Radiology reports and FILM on disc or hard copy (CT scans, PET scans, barium swallow, etc.)
■ GI study results (24-hour pH test, esophageal manometry, etc.)
■ Operative reports from previous chest and/or abdominal procedures
■ Cardiac/pulmonary studies with reports

Additional Records Needed from Patients with Lung Disorders
■ Radiology reports AND films on disc or hard copy (CT scans, PET scans, etc.)
■ Biopsy or bronchoscopy reports
■ Operative reports from previous surgeries
■ Cardiac/pulmonary studies with reports

SEE BACK FOR FAX AND CONTACT INFORMATION!

**Please fax the requested reports ASAP to 216.636.9985, Attn:
Amber Shaut-Hale (phone, 216.444.4056)**

**Please mail the slides via certified or express mail
(UPS, FedEx, DHL, USPS) to:**

Amber Shaut-Hale, RN
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Cleveland, OH 44195



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