

CLAIMANT: _____
CASE NUMBER: _____

NEOPLASTIC DISEASE

1. Please provide treatment notes, lab tests and X-rays from _____ to _____

2. Diagnosis? _____

3. If surgery has been performed, was complete resection of the tumor possible?
 Yes No. Please send the operative report if available.

4. Is the diagnosis based on a biopsy and/or other laboratory tests?
 Yes No. If "Yes", please send a copy of this report.

If this report is not in your records, please give the name and address of the pathology laboratory or hospital where the biopsy and/or other tests were performed.

5. Is the tumor operable? Yes No. If "No", please describe any contraindications to surgery. _____

6. Was there any evidence of distant metastases? I.e. beyond synovial lymph nodes or direct extension) Yes No. If "Yes", please describe and document site and extent, if possible. _____

7. What is the response to radiation or other therapy? _____

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8. Is the neoplastic disease controlled by current treatment? Yes No

9. Please describe any post therapy residuals or complications. _____

10. Please describe effects of the treatment for cancer on the patient's daily functioning. _____

11. Date first seen: _____ Date last seen: _____ Frequency of visits: _____

12. Date of onset of significant symptoms. _____

13. Anticipated length of treatment prognosis. _____

Thank you for your cooperation.

Physicians Signature _____ Print or type name _____

Date _____

Phone Number _____ Best time to call _____