

Proton Therapy Center

Request for Proton Therapy Consultation

Physician Priority Line: 1-888-987-7782

PLEASE RETURN:

- FAX:** 206-374-2645
- EMAIL:** Intake@seattleprotons.org
- EPIC:** Refer to **Dept** Proton Clinic at NWH (201101)

Patient Name: _____
Last First M/I

Patient Birthdate: ____/____/____ Patient Phone #: _____

Patient Address: _____
Street City State ZIP

Patient Diagnosis: _____

Priority for Proton Evaluation: High Medium Low

Patient Primary Insurance: _____ Insurance ID #: _____

Please Note: Cases must be qualified/reviewed before a consultation is scheduled.

Please return this form with relevant medical records and patient demographic facesheet.

Information to include:

- Where imaging was done
- Recent consultation/progress note
- Pathology report
- Surgical note from biopsy
- Imaging reports

For Prostate Cancer:

- Gleason Score
- Three most recent PSA reports

Referring Physician Information:

Physician Name (Print) Clinic Contact (eg. Patient Navigator)

Physician Organization

Street City State Zip

Clinic Contact Phone Number Fax Number

Physician Signature Today's Date: