

NEUROLOGIC ONCOLOGY

Stanford Clinical Cancer Center
Advanced Medicine Center Building
875 Blake Wilbur Drive
Stanford, CA 94305
Phone: 650-736-7440
Fax: 650-736-8003

Date: _____

Dear _____,

You are scheduled for an appointment with the Neurologic Oncology Department. Please find the date and time of your appointment below.

My name is _____. As one of the Neurologic Oncology New Patient Coordinators, I will help you get ready for your first visit with us. If you need to cancel or change your appointment, please notify us at least 24 hours in advance by calling 650-736-7440.

Your appointment is scheduled for:

Date: _____

Time: _____

with Dr. : _____

Please check-in at Clinic D.

PLEASE BRING THE FOLLOWING WITH YOU TO YOUR APPOINTMENT:

- Insurance card (s), including Medicare or Medi-Cal cards
- Valid photo ID
- Completed forms listed below, all of which are in your new patient packet:
 - ✓ **Patient Questionnaire** requesting allergy, medication, pharmacy, physician, and medical history information

NEUROLOGIC ONCOLOGY

Our Neurologic Oncology clinic is located in Clinic D, on the main floor of the Advanced Medicine Center Building. Check in at the Clinic D reception desk when you arrive. Please plan on two to four hours for your first clinic visit. During this appointment, your doctor will take your detailed medical history, perform a physical examination and recommend treatment options. Your doctor may request laboratory tests during your first visit. You will not need to fast prior to lab tests unless your doctor specifically requests otherwise. Since Stanford is a teaching hospital, you can expect to meet a team of medical experts when you are here.

During your first visit, we will share some important information about your condition and future care plan. To help you remember everything discussed, we encourage you to bring a family member or friend along. You might want to prepare a list of your questions for your doctor or nurse, too. Please be prepared to take notes during your appointment or even bring a tape recorder to the visit.

At the Cancer Center, we will use our best efforts to get your medical records prior to your visit so our doctors can better understand your medical condition. We will contact the doctor that referred you to Stanford and ask for records such as pathology slides, X-rays, scans and other reports. **We may also request you to sign forms allowing these records to be released to Stanford. If we do not receive your records in time for your visit, we will contact you to seek your help in obtaining the records, or request you to bring them with you to your appointment. Pathology slides and X-rays will be returned after they are reviewed by our team. If you had tests performed at Stanford, we have access to those reports and you will not need to do anything further.**

Thank you for choosing the Neurologic Oncology Department at the Stanford Clinical Cancer Center for your care. It is our privilege and pleasure to assist you. Please call our office at 650-736-7440 and ask to speak with me if you have any questions, or if there's anything else I can do for you.

Sincerely,

Neurologic Oncology
New Patient Coordinator



Stanford University Medical Center

A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER

Patient Intake Questionnaire

Today's Date:

Patient Name:

Date of Birth:

Patient MRN:

PHYSICIAN AND PHARMACY INFORMATION

Family Physician:

Name

Specialty

Address

Telephone

City State Zip

Fax

Referring Physician:

Name

Specialty

Address

Telephone

City State Zip

Fax

Specialty Physician: (e.g., surgeon, oncologist, other):

Name

Specialty

Address

Telephone

City State Zip

Fax

Pharmacy:

Name

Specialty

Address

Telephone

City State Zip

Fax

To which of the above physicians should we send information about your visits at Stanford Clinical Cancer Center: