



Edward Hughes, MD      Donald Marger, MD  
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Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Pt Phone # \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Insurance \_\_\_\_\_ Member ID # \_\_\_\_\_ Ins Provider Ph# \_\_\_\_\_  
(List or Fax front & back of card)

Secondary Ins: \_\_\_\_\_ ID# \_\_\_\_\_ Ins Provider Ph# \_\_\_\_\_

Referring Physician \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

Did you give patient FDCC Folder?      Y      N

Would you like our staff to contact patient with date and time? Y      N      Your fax #: \_\_\_\_\_

In order for our physicians to properly evaluate your patient we need to have the following information sent to us prior to the consultation.

Please fax the following to (937) 293-6573 *(we do not need entire patient chart)*

\_\_\_\_\_ Demographics/Face Sheet and Insurance Card(s)

\_\_\_\_\_ Imaging records (CT's, MRI's, PET, Mammograms, Bone Scans, etc...)

\_\_\_\_\_ Labs (**For Prostate Patients Send Past 2 PSA's**)

\_\_\_\_\_ Pathology

\_\_\_\_\_ OP Notes

\_\_\_\_\_ Pertinent Dr/chart notes

For Head & Neck Cancer Patients please also fax:      Swallowing evaluations and if possible email the pictures to Mandy at [mhess@firstdaytoncancercare.com](mailto:mhess@firstdaytoncancercare.com) or Kim at [kleber@firstdaytoncancercare.com](mailto:kleber@firstdaytoncancercare.com)

**We will fax this back to you within the next business day to confirm. *If you do not receive confirmation, please assume the fax did not go through and resend or call us.***

Patient is scheduled for: \_\_\_\_\_

The patient was notified: \_\_\_\_\_