



## Advanced Thoracic Mediastinal Mass Referral Checklist

**Patient Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**Referring Provider:** \_\_\_\_\_  
**Referring Provider Address:** \_\_\_\_\_  
**Referring Provider Phone:** \_\_\_\_\_

	<b>Mandatory Information</b>
	Face Sheet/ Demographic Information
	Insurance Information and Copy of Insurance Card
	Most recent Progress Note or H&P from referring physician
	CT scan Report for last 2 CT scans
	CT images available? Yes ___ No ___ <i>If yes:</i> Images available through McLaren? Yes ___ No ___ Images available through Sparrow? Yes ___ No ___  <i>If no:</i> Patient asked to get CD copy of last two CT scans? Yes ___ No ___ CD with CT scan images dropped off in office on _____
	Has the patient had a biopsy? Yes ___ No ___ If yes, please send pathology report
	<b>Additional Information:</b>
	Additional Imaging available (thyroid ultrasound, MRI chest, etc)? Yes ___ No ___ <i>If yes:</i> Images available through McLaren? Yes ___ No ___ Images available through Sparrow? Yes ___ No ___  <i>If no:</i> Patient asked to get CD copy of imaging? Yes ___ No ___ CD with CT scan images dropped off in office on _____
	Pulmonary Function Testing (including FEV1 and DLCO)
	Recent Labs (including Ach-R antibodies, LDH, AFP, B-HCG, Calcium, PTH, TSH)
	Recent Cardiac Testing (2D echo, stress test, cardiac catheterization) reports