

NEURO-ONCOLOGY CENTER
FHCI FLORIDA HOSPITAL

Patient name_____

Date_____

Referring M.D._____

Fax_____

Primary M.D._____

Fax_____

_____ was seen in the Neuro-Oncology Clinic, WDMCI at Florida Hospital today for an initial/follow-up appointment. This page is intended to outline major findings and treatment plans reviewed during today's appointment so as to promote an atmosphere of more effective patient management. A dictated clinic note will follow at a later date.

Chief complaint_____

HPI/Interim history (including neurosurgery, radiation)_____

Pertinent neurological findings_____

MMSE_____ KPS_____

Neuroimaging interpretation (Date)_____

Neuropathology interpretation (Date)_____

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Assessment_____

Plan_____



If you have any questions or concerns regarding this communication, please do not hesitate to call at 407-303-2770 or e-mail Dr. Avgeropoulos at nicholas_avgeropoulosmd@flhosp.org