friday health plans of colorado

# Friday Health Plans

## HEMATOLOGY - ONCOLOGY TREATMENT PLAN

700 Main, #100, Alamosa, CO 81101 Phone: (719) 589-3696 Fax: (719) 589-4995

Patient Name: _____ DOB: _____

Please complete the following information for the above-named member and fax to the number above. This information is necessary to assure that all required preauthorizations are in place and assist in care coordination. Should any changes in the plan be required, please notify us at the above number.

**CHEMOTHERAPY PLANNED?** ☐ **No** ☐ **Yes ⇨Complete the following**

Medical Oncologist: _____ Facility/Location: _____

Chemotherapeutic agents with dosages and routes:

Frequency of administration: _____

Duration of treatment: _____ Number of cycles: _____

**RADIATION PLANNED?** ☐ **No** ☐ **Yes ⇨Complete the following**

Radiation Oncologist: _____ Facility/Location: _____

Start Date: _____ Planned Dose: _____

Number of Treatments: _____ Duration of Treatments: _____

**PROPOSED SURGERY?** ☐ **No** ☐ **Yes ⇨Complete the following**

Date: _____ Procedure: _____

Surgeon: _____ Facility/Location: _____

Timing in conjunction with above treatment modalities: _____

**IMAGING REQUIRED?** ☐ **No** ☐ **Yes ⇨Complete the following**

☐ CT scans ☐ PET scans ☐ Ultrasound ☐ Other _____ Expected Date(s): _____

**OTHER PERTINENT INFORMATION:**