

IEO Second Opinion Request Form

Patient Last Name _____ Patient First Name _____

Date of Birth _____ Gender Male Female

Citizenship _____

Home Address _____

City _____ Postal Code _____

Country _____

Home phone _____ Fax _____
Country Code / Area Code / Number Country Code / Area Code / Number

Mobile Phone _____ E-mail _____ @ _____
Country Code / Area Code / Number

Main Contact (to be filled out only if other than patient)

Last Name _____ First Name _____

Date of Birth _____ Gender Male Female

Citizenship _____

Home Address _____

City _____ Postal Code _____

Country _____

Home phone _____ Fax _____
Country Code / Area Code / Number Country Code / Area Code / Number

Mobile Phone _____ E-mail _____ @ _____
Country Code / Area Code / Number

Relationship with the Patient (please circle one of the options below):

- Parent of child with parental authority (equipped with state of the family)
- Subject operating protection, receivership or administration of support (provided with proving documentation)
- Heir (equipped with a notary act or certificate replacing the notary act, issued by the municipality).

Note: The proof of the authority of the authorized person to act on behalf of the patient

Please indicate in what format you would prefer to receive the IEO Second Opinion:

- e-Mail Fax Postal Mail (in this case the additional amount of 18.00€ will be charged)

Please indicate in what language you would prefer to receive the IEO Second Opinion (please, choose only one language):

- English Italian

DIAGNOSIS AND MEDICAL ISSUE(S)**What is your current diagnosis?** *Please, remember to be as clear, concise and thorough*

Questions for European Institute Physicians *Please, remember to be as clear, concise and thorough*

REQUIRED CLINICAL DOCUMENTATION

If possible, please send copies (not originals) of all documents and images.
Please note that all the documents and materials submitted will be retained by us.
All the documents must be in ENGLISH or ITALIAN.

- Physician Medical Summary form detailing your condition and treatment
- Surgery Reports
- Diagnostic Test Results (*CT Scan, MRI, RX, ultrasounds,...*)
- Completed Lab Studies
- Radiology films/CDs* and Written Reports**
- Histological Reports**
- A cover letter from your referent physician is required. The letter must contain the following information: diagnosis, stage, non-oncological history, detailed oncological history, therapies in progress, active problems and clinical questions.

* Radiology – Radiology images and corresponding report(s) are required for most clinical specialties. Images sent on CD should be in DICOM format. ** Radiology – You have the option of having a consultation of radiology imaging by a radiologist of the European Institute of Oncology. For this kind consultation the additional amount of 189,00 Euro will be charged.

*** Pathology – You have the option of having your pathology specimen reviewed by a pathologist of the European Institute of Oncology. For this kind consultation the additional amount of 232,00 Euro will be charged.

Date _____

Signature of the Patient or Legal Representative _____