

HCC PROCEDURE CHECK OFF LIST

Patient's Name: _____

DOB: _____

Physician: _____

Location: _____

Procedure:

Date:

- TACE (Transarterial Chemoembolization)
 - AI Orders – Faxed _____
 - Oncology – Dr. _____ Faxed - _____
- Bland Embolization
 - AI Orders Only – Faxed - _____
- SIRT (Selective Internal Radiation Therapy)
 - AI Orders Only – Faxed - _____
 - First** Right / Left then Right / Left
- MWA (Microwave Ablation)
 - AI Orders Only – Faxed - _____
- Surgical Resection

- AI Consultation
- Oncology Consultation
- MAA (mapping)
- Procedure Date _____

Preferred Imaging Center :

NOTES

AI and Oncology Order Check list:

- Tumor Board / Radiology Rounds
- Form
- Imaging Report
- OV Notes
- Latest Labs
- Demographics

MDMC Blue Order Sheet

- Fax to IR - 72226
- Fax to Med day unit 77082
- Fax to Admitting 73403
- Fax to In Patient Team 71946
- Email In Patient Team

2 Week Post Therapy	6 Week Post Therapy	3 Month Post Therapy	6 Month Post Therapy	9 Month Post Therapy	12 Month Post Therapy
Date:	Date:	Date:	Date:	Date:	Date:
Labs: CBC, CMP, PT/INR	Labs: CBC, CMP, PT/INR	Labs: CBC, CMP, PT/INR, AFP CA-19-0 (w/Cholangio) CEA (w/colorectal mets)	Labs: CBC, CMP, PT/INR, & AFP CA-19-0 (w/Cholangio) CEA (w/colorectal mets)	Labs: CBC, CMP, PT/INR, & AFP CA-19-0 (w/Cholangio) CEA (w/colorectal mets)	Labs: CBC, CMP, PT/INR, & AFP CA-19-0 (w/Cholangio) CEA (w/colorectal mets)
NEXT OV: On _____ at _____ Need to schedule OV	MWA & TACE ONLY CT or MRI Scheduled: On _____ at _____ *Review in TB or Rad Rounds	CT or MRI *Review in TB or Rad Rounds	CT or MRI CT chest *Review in TB or Rad Rounds	CT or MRI *Review in TB or Rad Rounds	CT or MRI CT chest *Review in TB or Rad Rounds *If surgically resected need OV w/surgeon 1 year post

Last CT chest on _____