



Doctor-Approved Patient Information from ASCO®

MY HEALTH-CARE TEAM

MY HEALTH-CARE TEAM (CONTINUED)

MY ONCOLOGIST/HEMATOLOGIST:

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

Plan of Care:

NOTES:



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MY HEALTH-CARE TEAM

MY HEALTH-CARE TEAM (CONTINUED)

MY RADIATION ONCOLOGIST:

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

Plan of Care:

NOTES:



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MY HEALTH-CARE TEAM

MY HEALTH-CARE TEAM (CONTINUED)

MY SURGEON:

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

Plan of Care:

NOTES:



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MY HEALTH-CARE TEAM

MY HEALTH-CARE TEAM (CONTINUED)

OTHER MEMBERS OF MY HEALTH-CARE TEAM:

(For example: nurses, social workers, physical therapists, etc.)

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

Name	
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City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	



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