

HELPFUL HINTS FOR TEXTING

DX

PE	Brief details of what brought patient in to see the doctor (for example chief complaint); also if pt had cancer previously—state kind and date
Xray/Scan	Any relevant xrays or scans with dates and brief explanation of results
Scopes	Any relevant scopes with dates and brief explanation of results
Lab Tests	Any relevant lab tests with dates and brief explanation of results
OP	Date (s), Name (s) of relevant operative procedures; Can include relevant information from operative report
Path	Date (s) and brief explanation of findings, including histology, behavior, grade of tumor, size of tumor, lymph node involvement (if any) and extent of disease (how far the cancer has invaded)
Primary Site Title	Name of primary site
Histology Title	Name of histologic type
Staging	(<u>TNM</u> description works best) <u>T</u>umor description (including size), <u>L</u>ymph <u>N</u>ode involvement (if any) including number of nodes taken and number of nodes involved, <u>M</u>etastatic involvement (or lack of involvement)

RX

Surgery	Date (s) and Name (s) of definitive surgery
Radiation (Beam)	Date (s) started and ended, types of BEAM radiation; total dosage; to what part of body administered
Radiation (Other)	Date (s) of administration of treatment and type of treatment and to what part of body administered
Chemotherapy	Date (s) of administration; Name (s) of chemotherapeutic drug (s)
Hormone	Date (s) of administration; Name (s) of drug (s) given
BRM (Immunotherapy)	Date (s) of administration; Name (s) of immunotherapies given
Other	Date (s) of administration; Type (s) of other therapies given

Miscellaneous

Remarks	Can be used for overflow from other sections
Place of Diagnosis	Name of facility and city/state where facility is located
Local-use Text	For facility remarks