



## **Johns Hopkins Otolaryngology-Head and Neck Surgery Medical Second Opinion Program**

### **Checklist**

The following list of items is needed to provide you with the best assessment and recommendation:

#### **Required Forms**

- Patient Disclaimer (authorized signature required)
- Patient Intake Form
- Consultation Request Form (signed by your local physician)
- Payment Authorization Form (authorized signature required)
- Medical History Questionnaire (authorized signature required)

#### **Medical Information**

- Office Visit Notes (as appropriate, but minimally for the past year)
- Laboratory Results (as appropriate, but minimally for the past year)
- Radiology Films/Images and corresponding radiology reports (as appropriate, but minimally for the past year)
- Pathology Slides (stained slides preferred) and corresponding pathology reports (as appropriate, but minimally for the past year)
- Pertinent Surgical Reports (as appropriate, but minimally for the past year)
- Hospital Discharge Summaries (as appropriate, but minimally for the past year)
- Current Medications and Dosage Information (indicate on medical history questionnaire)