

**STANFORD CLINICAL CANCER CENTER  
NEW PATIENT APPOINTMENT LETTER**

**MELANOMA**

Date: \_\_\_\_\_

**Stanford Clinical Cancer Center**  
Blake Wilbur Building  
900 Blake Wilbur Drive 3<sup>rd</sup> Floor  
Stanford, CA 94305  
Phone: 650-498-6000  
Fax: 650-724-1433  
[cancer.stanford.edu/newpatient](http://cancer.stanford.edu/newpatient)

Dear \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Patient MRN \_\_\_\_\_

You are scheduled for an appointment with the Stanford Melanoma Clinic.

My name is \_\_\_\_\_. As one of the Melanoma New Patient Coordinators, I will help you get ready for your first visit with us. If you need to cancel or change your appointment, please notify us at least 24 hours in advance by calling 650-498-6000. Please plan on two to four hours for your first clinic appointment.

**Your appointment is scheduled for:**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**with Dr:** \_\_\_\_\_

**Please check in at 900 Blake Wilbur Drive, 3<sup>rd</sup> floor.**

**Please arrive 30 minutes before your appointment time.**

**PLEASE BRING THE FOLLOWING WITH YOU TO YOUR APPOINTMENT:**

- Insurance card(s), including Medicare, Medi-Cal, or Covered California cards
- Insurance co-pay (We accept credit, debit, or checks – no cash please)
- Valid photo ID
- Completed forms listed below, all of which are in your new patient packet:
  - ✓ **Allergy and Medication** form
  - ✓ **Patient Intake Questionnaire** requesting physician and pharmacy information

*For more information and services for our new patients, check out our website  
[cancer.stanford.edu/newpatient](http://cancer.stanford.edu/newpatient)*

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The Stanford Melanoma Clinic is located on the third floor of the Blake Wilbur Building (900 Blake Wilbur Drive). Please plan on two to four hours for your first clinic appointment. During this appointment, your doctor will review your detailed medical history, perform a physical examination, and discuss treatment options. Your doctor may request laboratory tests during your first appointment. You will not need to fast prior to these laboratory tests, unless your doctor notifies you otherwise.

During your first visit, we will share some important information about your condition and future care plan. Since Stanford is a teaching hospital, you can expect to meet a team of medical experts while you are here. To help you remember everything discussed, we encourage you to bring a family member or friend. You may also want to prepare a list of questions for discussion with the doctors. Please be prepared to take notes during your appointment or bring a tape recorder to the visit.

Here at Stanford Hospital & Clinics, our job is to collect your medical records before your appointment so that you have one less thing to worry about. We need to understand your medical history so our doctors can better understand your medical condition. We will contact all non-Stanford hospitals, clinics, and imaging centers to ask for your records, such as pathology slides, X-rays, scans, and other reports. If we do not have the appropriate records ready for your appointment despite our best efforts, we may contact you to seek your help in obtaining these records. Depending on the facility, we may need your help to sign and submit record release forms. Our goal is for you to have a productive first appointment with your doctor.

Thank you for choosing the Melanoma Clinic at the Stanford Clinical Cancer Center for your care. It is our privilege and pleasure to assist you. Please call our office at 650-498-6000 and ask to speak with me if you have any questions.

Sincerely,

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Melanoma  
New Patient Coordinator

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Stanford University Medical Center

A NATIONAL CANCER INSTITUTE-DESIGNATED CANCER CENTER

## Patient Intake Questionnaire

Today's Date:

Patient Name:

Date of Birth:

Patient MRN:

### PHYSICIAN AND PHARMACY INFORMATION

#### Family Physician:

\_\_\_\_\_

Name

\_\_\_\_\_

Specialty

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Fax

#### Referring Physician:

\_\_\_\_\_

Name

\_\_\_\_\_

Specialty

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Fax

#### Specialty Physician: (e.g., surgeon, oncologist, other):

\_\_\_\_\_

Name

\_\_\_\_\_

Specialty

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Fax

#### Pharmacy:

\_\_\_\_\_

Name

\_\_\_\_\_

Specialty

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Fax

To which of the above physicians should we send information about your visits at Stanford Clinical Cancer Center: