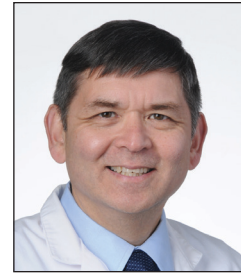


Cancer: Gynecologic Oncology

FirstHealth Oncology offers a board certified gynecologic oncologist for the evaluation and management of gynecological cancer. As part of the FirstHealth Outpatient Cancer Center a full range of services including education, support services, case management, symptom management and dietary services are available.

Gynecologic Oncology Services Available

- Management of gynecologic cancers to include ovarian, fallopian tube, primary peritoneal carcinoma, uterine/endometrial, cervical, vulvar, and vaginal cancers
- Advanced surgical management for complex pelvic disease
- Administration and management of chemotherapy for gynecological malignancies
- Long term surveillance for gynecological malignancies
- Advanced minimally invasive surgery; Robotic Surgery
- Palliative Supportive Care
- Genetic counseling and management for hereditary ovarian, breast and uterine cancers
- Management for suspected gynecological cancers to include pelvic masses
- Management of gynecologic cancer patients via tumor board
- Management of pre-invasive disease of the genital tract to include cervix, vulva and vagina
- Management of gestational trophoblastic diseases to include persistent / invasive molar pregnancies, chorio carcinoma, placental site trophoblastic diseases



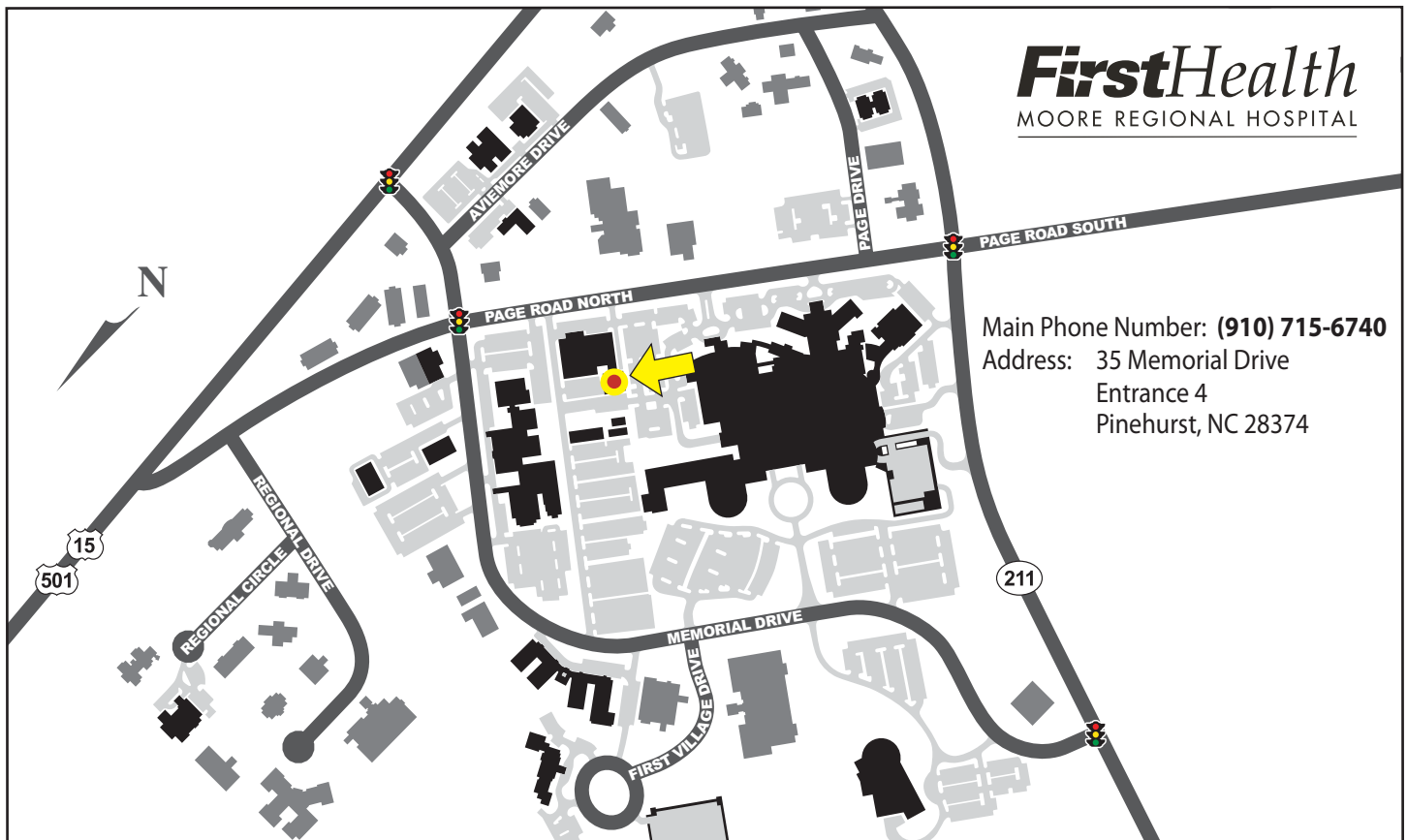
Michael Sundborg, M.D.



Brian Burgess, D.O.



Adara Maness, PA-C



Cancer: Gynecologic Oncology

To refer patients for a consult, call (910) 715-8684. Please give the patient a copy of this form to bring to his/her appointment. Records should be faxed at the time the appointment is made to (910) 715-8690.

Please provide the following patient information:

- Any diagnostic imaging that has been obtained related to the diagnosis in question (please send reports plus a disk or films if not in the FirstHealth PACS system)
- All pathology reports from any biopsies or surgeries
- Office notes
- All laboratory testing obtained thus far, including some old results, if available, for the tests that are now abnormal
- Demographics sheet with accurate address, phone numbers and copy of insurance cards.

Consult Form

Date _____ Appt Date/Time Given _____

Contact Person _____

Phone # _____ Fax# _____

Pt Name _____ DOB _____

Med Rec # _____ Rm# _____

Referring M.D. _____

Phone/Beeper# _____ Fax# _____

Address _____

Primary M.D. _____

Phone/Beeper# _____ Fax# _____

Surgeon _____

Phone/Beeper# _____ Fax# _____

Type of Insurance _____ Policy# _____

Referral Required/Referral# _____

If New Patient:

Address _____ Phone# _____

Diagnosis _____ Diagnosis Code _____