

Dear Patient,

Thank you for your inquiry about the international patient services provided by Fox Chase Cancer Center. We welcome people from all over the world for oncology assessments, treatment and clinical trials. In addition, we offer remote second reviews for patients that will not be traveling to our center.

Fox Chase Cancer Center (FCCC) is a National Cancer Institute designated Comprehensive Cancer Center, one of the few centers in the country that qualify for this highest level of designation. This is a recognition of outstanding prevention, treatment and research oncology programs. As a result, Fox Chase physicians and researchers are frequently involved in setting new guidelines for breakthrough medicine and comprehensive care.

To schedule your first appointment we need to:

- Collect completed forms included in this packet: International Patient Form (pages 3-4) and Table of Contents (page 5).
- Collect Medical records related to diagnosis and treatment, diagnostic images and pathology material.
- Decide if any additional testing is needed, and determine your treatment options.
- Prepare a customized tentative cost estimate.
- Process payment of full tentative treatment cost, or deposit- if treatment is still not clear.
- Schedule appointment and interpreter if required (Please state the language and if there is a preference).

Medical records needed (Records should be submitted in English)

- Patient's summary health report. This should be requested by the patient (or caregiver) to the treating doctor and should include: cancer diagnosis date, past and current treatments records (surgery, chemotherapy, radiation therapy, etc.), physician progress notes, and current health status.
- Other recent or relevant medical reports such as: operative notes, pathology reports, radiology reports and laboratory reports.
- A "table of contents" form is included for your convenience to list the records you are sending. Please make sure to email them to InternationalMedicine@fcc.edu and to add the word "secure" in the subject line. To ensure your privacy, the first time you receive one of our secured emails, you will be instructed to click a link to create a password.

- Pathology material from the original diagnosis and subsequent biopsies can be submitted in (paraffin) blocks or glass slides. These are necessary to confirm diagnosis and for any additional testing needed. It is very important that pathology materials be submitted with the corresponding reports. Pathology material submitted will involve added cost related to pathology review and sample processing.
- Relevant diagnostic images (e.g. CTs, MRI, PETs, mammograms, etc.) should be saved in a disc (DICOM format).
- Pathology material and disc(s) with diagnostic images must be submitted with its corresponding reports clearly stating the patient's full name and date of birth to the following address:

*Attention: Johana Vanegas
Fox Chase Cancer Center
333 Cottman Ave. Room P2179
Philadelphia, PA 19111. USA
Phone: 267-559-5544; Fax: 215-728-3594*

Philadelphia International Medicine

Philadelphia International Medicine (PIM) is an off campus collaborator working to ensure that all non-US resident patients have the support and resources needed to secure a positive patient experience. If you decide to come to FCCC for care we will share your information with PIM. PIM's Patient Service Manager will contact you to further assist you. Clinical trial patients will be managed directly and solely by FCCC.

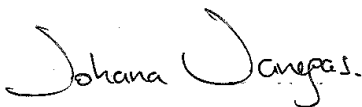
What to bring to your first visit

- Passport and Other photo identification
- List of current medications and dosages
- List of questions and concerns
- Medical records that were not been previously sent

Every effort will be made to provide patients and family complete and accurate information related to the patient's care.

Should you require additional information please do not hesitate to contact me at any time.

Kind regards,



Johana Vanegas, MD, MBA.
Director, International Patient Access
Fox Chase Cancer Center
Cell: 267.559.5544; Fax: 215.728.3594
internationalmedicine@fcc.edu

INTERNATIONAL PATIENT FORM

PATIENT INFORMATION			
DATE:	Month	Day	Year
FIRST NAME			
LAST NAME			
GENDER	Female	Male	
DATE OF BIRTH	Month	Day	Year
COUNTRY OF ORIGIN/RESIDENCY			
HEIGHT AND WEIGHT (specify unit)			
INTERPRETER'S LANGUAGE (If needed)			
PHONE NUMBER (include area codes)			
E-MAIL			
ADDRESS			
COVERAGE	Self-pay: Yes		No
	International Health insurance: Yes		No ID#
	Other:		
ORIGINAL CANCER DIAGNOSIS & DATE (Month/day/year)			
TREATMENTS RECEIVED	CHEMO		
	SURGICAL		
	RADIATION		
	OTHER		
Patient's performance status, please choose from the following categories	<input type="checkbox"/> Normal activity (0) <input type="checkbox"/> Symptoms, but nearly fully ambulatory (1) <input type="checkbox"/> Some bed time, but needs to be in bed less than 50% of normal daytime (2) <input type="checkbox"/> Needs to be in bed greater than 50% of normal daytime (3) <input type="checkbox"/> Unable to get out of bed (4)		
SERVICE REQUESTED (Remote second review, Second opinion visit, treatment or clinical trial)			

INTERNATIONAL PATIENT FORM (continued)

Patient's last name, first name: _____, _____

US VISA INFO & NEEDS	
TRIP DETAIL (arrival and departure dates)	
SELECT THE TYPE OF RECORDS YOU WILL BE SUBMITTING FOR REVIEW:	
MEDICAL RECORDS:	YES NO
DISC WITH IMAGES:	YES NO
PATHOLOGY MATERIAL:	YES NO

CONTACT INFORMATION	
CONTACT'S LAST, FIRST NAME	
RELATIONSHIP TO PATIENT	
CONTACT'S PHONE NUMBER	
CONTACT'S E-MAIL ADDRESS	
CONTACT'S ADDRESS	
HOW DID YOU HEAR ABOUT FCCC	
QUESTIONS, COMMENTS OR REQUESTS	

