







Doctor-Approved Patient Information from ASCO®

**MY HEALTH-CARE TEAM**

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**MY HEALTH-CARE TEAM (CONTINUED)**

**MY ONCOLOGIST/HEMATOLOGIST:**

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>E-mail</b>	
<b>Date Last Seen</b>	
<b>Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)</b>	

<b>Plan of Care:</b>

**NOTES:**




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**MY HEALTH-CARE TEAM**

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**MY HEALTH-CARE TEAM (CONTINUED)**

**MY RADIATION ONCOLOGIST:**

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>E-mail</b>	
<b>Date Last Seen</b>	
<b>Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)</b>	

<b>Plan of Care:</b>

**NOTES:**




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**MY HEALTH-CARE TEAM**

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**MY HEALTH-CARE TEAM (CONTINUED)**

**MY SURGEON:**

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>E-mail</b>	
<b>Date Last Seen</b>	
<b>Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)</b>	

<b>Plan of Care:</b>

**NOTES:**




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### MY HEALTH-CARE TEAM

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#### MY HEALTH-CARE TEAM (CONTINUED)

**OTHER MEMBERS OF MY HEALTH-CARE TEAM:**

(For example: nurses, social workers, physical therapists, etc.)

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>E-mail</b>	
<b>Date Last Seen</b>	
<b>Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)</b>	

<b>Name</b>	
<b>Address</b>	
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<b>Date Last Seen</b>	
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**MY HEALTH-CARE TEAM**

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**MY HEALTH-CARE TEAM (CONTINUED)**

**OTHER MEMBERS OF MY HEALTH-CARE TEAM:**

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
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