

Pat Fulgham, MD
Urology Clinics of North Texas
8230 Walnut Hill Lane, Suite 700
Dallas, TX 75231
Phone (214) 691-1902 Fax (214) 987-1845

Patient Name: _____

Date of Birth: _____ *(Patient demographics attached)*

Diagnosis:

Prostate cancer Kidney cancer Bladder cancer

Treatment Plan/History:

Pre-Surgery Post-Surgery
 Radiation

Orders:

_____ Texas Health Presbyterian Dallas Prehab Program
Phone (214) 345-7680
Fax (214) 345-8599
Evaluate and treat

_____ Texas Health Presbyterian CARE Program (16-week exercise and wellness program)
Phone (214) 345-4838
Fax (214) 345-4676

_____ Genetics Counselling
Phone (214) 345-6625
Fax (214) 645-2562

Kidney cancer
 Prostate cancer: Eligibility Criteria for referral for genetic testing
Personal history of prostate cancer Gleason > 7 at any age and
 >1 close blood relative with ovarian cancer at any age or breast cancer <50 years of age
or
 2 relatives with breast, pancreatic or prostate cancer (Gleason >7) at any age)

Physician Signature

Date

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