



PACIFIC SHORES MEDICAL GROUP

A Hematology/Oncology Private Practice
Member, UCLA Affiliated Translational Oncology Research Network
www.pacshoresoncology.com

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Welcome to Pacific Shores Medical Group,

Please take a few minutes to review this letter and the enclosed patient information brochure.

1. Please complete the **Patient Information Form, Initial Patient Evaluation Form** and sign the **Authorization for Release of Information Form**. Please write as clearly as possible.
2. Please read carefully the **Notice of Privacy Practices**, initial each page where indicated, and sign the **Privacy Practices Acknowledgement Form**.
3. Please complete the **Eligibility Waiver Form**.
4. Please fill out the **Medication New Patient Form**. Please bring all your medications with you to your appointment.

It is important for us to be able to access the following medical records at your first visit:

1. Surgical and pathology reports relevant to your consultation with us
2. Relevant recent x-rays and scan reports
3. Recent history and physical or consultation reports
4. Most recent laboratory reports
5. Any other records pertaining to the reason you are being referred to us for evaluation

You can obtain these records directly from your doctor or hospital and bring them to your first visit along with the enclosed forms.

We look forward to seeing you!