



## **NEW PATIENT CHECKLIST: NF**

**In order to best treat you we need you to provide us with certain information. Please arrange to have the following information either faxed (Fax number 617-724-8769) or mailed to us at:**

Neurofibromatosis Clinic  
Massachusetts General Hospital  
Pappas Center for Neuro-oncology  
Attn: New Patient Coordinator  
55 Fruit Street, Yawkey 9E  
Boston, MA 02114 USA

**Before we can schedule your visit, we require that you send to us:**

- Clinical notes and other records from all doctors who have treated your NF and your NF-related problems. Any other notes or records pertaining to your NF.
- All scans (including MRI's and CT's) and the associated radiology reports. Copies of your scans may be sent on CD or films.

**Additionally, the following information will permit us to provide you with a more comprehensive evaluation, please submit at least 2 weeks prior to your visit. Please use the mailing and fax number above.**

1. Eye exam records (Ophthalmology)
2. All operative and surgical reports related to NF (no need for unrelated information such as appendectomy, tonsillectomy, etc.)
3. Pathology reports from prior surgeries or biopsies
4. Skin exams (Dermatology)
5. Last notes from your PCP/Pediatrician
6. Current Medication List, including over the counter medications
7. Growth Charts for individuals 18 and younger
8. Individualized Education Plans (if available)
9. Hearing test/BAERS testing-Audiology

**Please call us at 617-724-8770 with any questions or concerns.**