Radiation Therapy Dosimetry Documentation

Please have the physician complete all sections of this sheet marked by a * and submit all relevant medical documentation, using the guidelines below.

*Please state site(s)/type(s) of cancer being treated & identify primary vs secondary sites.
_____
_____
_____

*Please check one or make a brief statement as to the reason/intent for treatment –
☐ Initial primary treatment ☐ Pre-operative radiation ☐ Extension into Viscera
☐ Isolated local recurrence at local or adjacent site ☐ Spinal Cord Compression
☐ Palliation: primary site ☐ Palliation: metastatic site
☐ Other _____
_____

Medical Documentation Submission Guidelines:

For Simple, Intermediate or Complex Radiation Delivery Technique
For each separate dose calculation, please provide the following documentation:

- Date of plan
- Target site
- Particle type
- Energy type
- Number of Fractions
- Port/angle
- Radiation delivery technique
- Whether a boost is planned.
    - If so, also provide the following documentation:
        - Boost delivery technique
        - Boost site(s)
        - Particle type
        - Energy dose
        - Number of Fractions
        - Port/angle

Submission of treatment plan documents will suffice, so long as all requested information is included for each individual plan.

For IMRT Radiation Delivery Technique
For each separate dose calculation please provide the following documentation:

- Date of plan
- Target site

- *Please identify which one of the following critical structures/functions will be spared by using IMRT:
  - ☐ brain stem ☐ optic nerve ☐ sensorineural hearing ☐ carotid artery
  - ☐ mandible ☐ salivary glands ☐ parotid glands ☐ cervical spinal cord
  - ☐ other_____
- Please include the following documents, as applicable:
  - All relevant CT or MRI reports that verify the dose limited structures are adjacent to but outside of planned treatment volume area
  - Documentation that immediately adjacent areas have been irradiated and the planned treatment area must be targeted with high precision
  - Documentation that gross tumor is concave, convex or irregular and in close proximity to critical structures

*Name of the physician completing this form: _____

*Signature: _____ *Date: _____