

BAYLOR/TEXAS MEDICAL CENTER, HOUSTON CHILDREN'S HOSPITAL, DENVER CHILDREN'S HOSPITAL OF COLUMBUS CHILDREN'S HOSPITAL OF LOS ANGELES CHILDREN'S HOSPITAL & MEDICAL CENTER, SEATTLE CHILDREN'S HOSPITAL OF PHOENIX CHILDREN'S HOSPITAL OF PITTSBURGH CHILDREN'S MEDICAL HOSPITAL, CHICAGO CHILDREN'S HOSPITAL OF WASHINGTON CHILDREN'S MEDICAL CENTER, BOSTON EMORY UNIV. SCHOOL OF MEDICINE, ATLANTA MAYO CLINIC, ROCHESTER M.D. ANDERSON CANCER CENTER, HOUSTON MEMORIAL SLOAN-KETTERING CANCER CENTER, NEW YORK MINNEAPOLIS CHILDREN'S MEDICAL CENTER MOTT CHILDREN'S HOSPITAL, ANN ARBOR RICE CHILDREN'S HOSPITAL, INDIANAPOLIS ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS UNIVERSITY OF CALIFORNIA, SAN DIEGO STANFORD UNIV. SCHOOL OF MEDICINE, PALO ALTO UC SAN FRANCISCO CHILDREN'S HOSPITAL, SAN FRANCISCO UNIVERSITY OF ALABAMA, BIRMINGHAM UNIVERSITY OF MINNESOTA, MINNEAPOLIS UT-SOUTHWESTERN MEDICAL CENTER, DALLAS ROSWELL PARK, BUFFALO HOSPITAL FOR SICK CHILDREN, TORONTO

Childhood Cancer Survivor Study

Medical Records Abstraction Form

Name of Patient: _____
(Please print)

Hospital ID #: _____

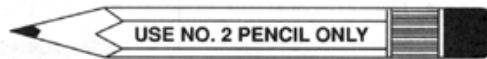
Is this treatment for the initial cancer diagnosis?

- Yes
- No

- If no, number of new tumor (e.g., second, third malignancy)

- second
- third
- fourth
- fifth

1. Use the *No. 2 pencil* enclosed (Please do not use pen).



2. Completely darken your answers, that is, fill in the full circle.

Written responses must stay within the boxes provided.

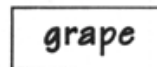
CORRECT

INCORRECT

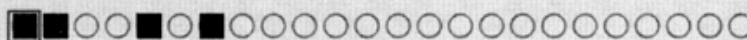


CORRECT

INCORRECT



3. Make no stray marks of any kind. Other than your responses, please keep the form as clean as possible. Erase cleanly any answer you wish to change. Do not use "white-out".



00083

PLEASE DO NOT MARK IN THIS AREA

Person Completing this Form:

(please print)

Abstractor ID #			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Today's Date		
MO	DAY	YR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CCSS ID #							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Chemotherapy

Did this individual have chemotherapy?

- No **→ Go to Page 7, Surgical Procedures**
 Yes

Date First Chemotherapy Initiated		
MO	DAY	YR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Date All Chemotherapy Completed		
MO	DAY	YR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

I. Protocol Information – Indicate all standard protocols this patient was placed on.

Protocol 1									
Study Group									
<input type="radio"/> CCG	<input type="radio"/> St. Jude								
<input type="radio"/> POG	<input type="radio"/> Other								
<input type="radio"/> SWOG	<input type="radio"/> None								
<input type="radio"/> CALGB									
Protocol #									
A	A	A	A	A	A	A	A	A	A
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Protocol 2									
Study Group									
<input type="radio"/> CCG	<input type="radio"/> St. Jude								
<input type="radio"/> POG	<input type="radio"/> Other								
<input type="radio"/> SWOG	<input type="radio"/> None								
<input type="radio"/> CALGB									
Protocol #									
A	A	A	A	A	A	A	A	A	A
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Protocol 3									
Study Group									
<input type="radio"/> CCG	<input type="radio"/> St. Jude								
<input type="radio"/> POG	<input type="radio"/> Other								
<input type="radio"/> SWOG	<input type="radio"/> None								
<input type="radio"/> CALGB									
Protocol #									
A	A	A	A	A	A	A	A	A	A
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

III. Specific Agents

Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytoxan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytoxan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melphalan	25 Thiotepea
05 Carboplatin	12 Cytosine Arabinoside (Ara-C) - IT	19 Methotrexate - IV	26 VP 16 (Etoposide) - Oral
06 Chlorambucil	13 Cytosine Arabinoside (Ara-C) - Sub Q	20 Methotrexate - IM	27 VP 16 (Etoposide) - IV
07 Cis-platinum	14 Daunorubicin (Daunomycin)	21 Methotrexate - IT	28 VM 26 (Teniposide)

For the agents listed above, please supply the following information.

1. Drug #

Date ...					
Started			Last Dose		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Cumulative Total Dose

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Indicate Dosage

μ g
 mg
 gm
 units

Body Surface Area

0	.	0	0
1	.	1	1
2	.	2	2
3	.	3	3
4	.	4	4
5	.	5	5
6	.	6	6
7	.	7	7
8	.	8	8
9	.	9	9

Weight (kg)

0	0	0	.	0
1	1	1	.	1
2	2	2	.	2
3	3	3	.	3
4	4	4	.	4
5	5	5	.	5
6	6	6	.	6
7	7	7	.	7
8	8	8	.	8
9	9	9	.	9

Specify:

Total dose abstracted

Total dose, some estimated

Incomplete or Partial dose

No dose data (enter 99999)

2. Drug #

Date ...					
Started			Last Dose		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Cumulative Total Dose

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Indicate Dosage

μ g
 mg
 gm
 units

Body Surface Area

0	.	0	0
1	.	1	1
2	.	2	2
3	.	3	3
4	.	4	4
5	.	5	5
6	.	6	6
7	.	7	7
8	.	8	8
9	.	9	9

Weight (kg)

0	0	0	.	0
1	1	1	.	1
2	2	2	.	2
3	3	3	.	3
4	4	4	.	4
5	5	5	.	5
6	6	6	.	6
7	7	7	.	7
8	8	8	.	8
9	9	9	.	9

Specify:

Total dose abstracted

Total dose, some estimated

Incomplete or Partial dose

No dose data (enter 99999)

3. Drug #

Date ...					
Started			Last Dose		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Cumulative Total Dose

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Indicate Dosage

μ g
 mg
 gm
 units

Body Surface Area

0	.	0	0
1	.	1	1
2	.	2	2
3	.	3	3
4	.	4	4
5	.	5	5
6	.	6	6
7	.	7	7
8	.	8	8
9	.	9	9

Weight (kg)

0	0	0	.	0
1	1	1	.	1
2	2	2	.	2
3	3	3	.	3
4	4	4	.	4
5	5	5	.	5
6	6	6	.	6
7	7	7	.	7
8	8	8	.	8
9	9	9	.	9

Specify:

Total dose abstracted

Total dose, some estimated

Incomplete or Partial dose

No dose data (enter 99999)

88000

III. Specific Agents (continued)

Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytoxan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytoxan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melphalan	25 Thiotepa
05 Carboplatin	12 Cytosine Arabinoside (Ara-C) - IT	19 Methotrexate - IV	26 VP 16 (Etoposide) - Oral
06 Chlorambucil	13 Cytosine Arabinoside (Ara-C) - Sub Q	20 Methotrexate - IM	27 VP 16 (Etoposide) - IV
07 Cis-platinum	14 Daunorubicin (Daunomycin)	21 Methotrexate - IT	28 VM 26 (Teniposide)

For the agents listed above, please supply the following information.

4. Drug #

Date . . .

Started			Last Dose		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Cumulative Total Dose

Indicate Dosage

Body Surface Area

Weight (kg)

Specify:

Total dose abstracted

Total dose, some estimated

Incomplete or Partial dose

No dose data (enter 99999)

5. Drug #

Date . . .

Started			Last Dose		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Cumulative Total Dose

Indicate Dosage

Body Surface Area

Weight (kg)

Specify:

Total dose abstracted

Total dose, some estimated

Incomplete or Partial dose

No dose data (enter 99999)

6. Drug #

Date . . .

Started			Last Dose		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Cumulative Total Dose

Indicate Dosage

Body Surface Area

Weight (kg)

Specify:

Total dose abstracted

Total dose, some estimated

Incomplete or Partial dose

No dose data (enter 99999)

III. Specific Agents (continued)

Codes for Specific Agents:

01 Actinomycin-D	08 CCNU (Lomustine)	15 Doxorubicin (Adriamycin)	22 Myeleran
02 BCNU (Carmustine)	09 Cyclophosphamide (Cytoxan) - Oral	16 Idarubicin	23 Nitrogen Mustard
03 Bleomycin	10 Cyclophosphamide (Cytoxan) - IV	17 Ifosfamide	24 Procarbazine
04 Busulfan	11 Cytosine Arabinoside (Ara-C) - IV/IM	18 Melphalan	25 Thiotepa
05 Carboplatin	12 Cytosine Arabinoside (Ara-C) - IT	19 Methotrexate - IV	26 VP 16 (Etoposide) - Oral
06 Chlorambucil	13 Cytosine Arabinoside (Ara-C) - Sub Q	20 Methotrexate - IM	27 VP 16 (Etoposide) - IV
07 Cis-platinum	14 Daunorubicin (Daunomycin)	21 Methotrexate - IT	28 VM 26 (Teniposide)

For the agents listed above, please supply the following information.

7. Drug #

0	0	Date ...			Cumulative Total Dose					Body Surface Area			Weight (kg)								
1	1	Started			Last Dose					Indicate Dosage											
2	2	MO	DAY	YR	MO	DAY	YR														
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8																				
9	9																				

Specify:

- Total dose abstracted
- Total dose, some estimated
- Incomplete or Partial dose
- No dose data (enter 99999)

8. Drug #

0	0	Date ...			Cumulative Total Dose					Body Surface Area			Weight (kg)								
1	1	Started			Last Dose					Indicate Dosage											
2	2	MO	DAY	YR	MO	DAY	YR														
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8																				
9	9																				

Specify:

- Total dose abstracted
- Total dose, some estimated
- Incomplete or Partial dose
- No dose data (enter 99999)

9. Drug #

0	0	Date ...			Cumulative Total Dose					Body Surface Area			Weight (kg)								
1	1	Started			Last Dose					Indicate Dosage											
2	2	MO	DAY	YR	MO	DAY	YR														
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	8																				
9	9																				

Specify:

- Total dose abstracted
- Total dose, some estimated
- Incomplete or Partial dose
- No dose data (enter 99999)

Surgical Procedures

Did this individual undergo any surgical procedures?

- No → Go to Page 10, Radiation Therapy
 Yes

(This does not include placement of vascular access devices such as Broviac Catheters, Hickmans, Port-a-Caths, etc.) Include all biopsies identified under general anesthesia. If more than one procedure was done during a surgery, enter each procedure separately. Include ICD-9 code for each procedure performed.

1. Date of First Procedure:

Name of procedure: _____
(please take from operative report or op note)

ICD-9 Code				1st Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

2. Date of Second Procedure:

Name of procedure: _____
(please take from operative report or op note)

ICD-9 Code				2nd Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

3. Date of Third Procedure:

Name of procedure: _____
(please take from operative report or op note)

ICD-9 Code				3rd Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

4. Date of Fourth Procedure:

Name of procedure: _____
(please take from operative report or op note)

ICD-9 Code				4th Procedure		
				MO	DAY	YR
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

5. Date of Fifth Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				5th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1	1	1
2	2	2	2		2	2
3	3	3	3		3	3
4	4	4	4		4	4
5	5	5	5		5	5
6	6	6	6		6	6
7	7	7	7		7	7
8	8	8	8		8	8
9	9	9	9		9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

6. Date of Sixth Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				6th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1	1	1
2	2	2	2		2	2
3	3	3	3		3	3
4	4	4	4		4	4
5	5	5	5		5	5
6	6	6	6		6	6
7	7	7	7		7	7
8	8	8	8		8	8
9	9	9	9		9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

7. Date of Seventh Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				7th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1	1	1
2	2	2	2		2	2
3	3	3	3		3	3
4	4	4	4		4	4
5	5	5	5		5	5
6	6	6	6		6	6
7	7	7	7		7	7
8	8	8	8		8	8
9	9	9	9		9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____

8. Date of Eighth Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				8th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1	1	1
2	2	2	2		2	2
3	3	3	3		3	3
4	4	4	4		4	4
5	5	5	5		5	5
6	6	6	6		6	6
7	7	7	7		7	7
8	8	8	8		8	8
9	9	9	9		9	9

Where was this procedure performed?

- This CCSS institution
 Other institution: specify _____



PLEASE DO NOT MARK IN THIS AREA

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9. Date of Ninth Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				9th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1		
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		
5	5	5	5	5		
6	6	6	6	6		
7	7	7	7	7		
8	8	8	8	8		
9	9	9	9	9		

Where was this procedure performed?
 This CCSS institution
 Other institution: specify _____

10. Date of Tenth Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				10th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1		
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		
5	5	5	5	5		
6	6	6	6	6		
7	7	7	7	7		
8	8	8	8	8		
9	9	9	9	9		

Where was this procedure performed?
 This CCSS institution
 Other institution: specify _____

11. Date of Eleventh Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				11th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1		
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		
5	5	5	5	5		
6	6	6	6	6		
7	7	7	7	7		
8	8	8	8	8		
9	9	9	9	9		

Where was this procedure performed?
 This CCSS institution
 Other institution: specify _____

12. Date of Twelfth Procedure:

Name of procedure: _____
 (please take from operative report or op note)

ICD-9 Code				12th Procedure		
				MO	DAY	YR
0	0	0	0			
1	1	1	1	1		
2	2	2	2	2		
3	3	3	3	3		
4	4	4	4	4		
5	5	5	5	5		
6	6	6	6	6		
7	7	7	7	7		
8	8	8	8	8		
9	9	9	9	9		

Where was this procedure performed?
 This CCSS institution
 Other institution: specify _____

Radiation Therapy

Did this individual receive radiation therapy?

No → Go to Page 12, Comments Section
 Yes ↓

Please complete a copy of the External Beam or Brachytherapy Data Checklist.
Return this checklist and copied records to the Coordinating Center.

1. Dates of First Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy Facility: _____

Radiation Oncologist: _____

2. Dates of Second Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy Facility: _____

Radiation Oncologist: _____

3. Dates of Third Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy Facility: _____

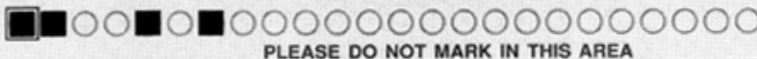
Radiation Oncologist: _____

4. Dates of Fourth Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy Facility: _____

Radiation Oncologist: _____



PLEASE DO NOT MARK IN THIS AREA

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5. Dates of Fifth Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy
 Facility: _____

Radiation
 Oncologist: _____

6. Dates of Sixth Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy
 Facility: _____

Radiation
 Oncologist: _____

7. Dates of Seventh Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy
 Facility: _____

Radiation
 Oncologist: _____

8. Dates of Eighth Treatment

Rx Start			Rx End		
MO	DAY	YR	MO	DAY	YR
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Radiation Therapy
 Facility: _____

Radiation
 Oncologist: _____

