

**Proposed Melanoma Screening and Surveillance Clinic “Fast Track” Form**

Melanoma Clinic

Screening Clinic:

Date: \_\_\_\_\_ Seen by: \_\_\_\_\_ Findings: \_\_\_\_\_

Pathology Results:

MD: \_\_\_\_\_ Date: \_\_\_\_\_ Findings: \_\_\_\_\_

Lymph Node Status: \_\_\_\_\_ Margin Status: \_\_\_\_\_

Breslow Depth: \_\_\_\_\_ Comment: \_\_\_\_\_

Surgeon:

MD: \_\_\_\_\_ Date: \_\_\_\_\_ Findings: \_\_\_\_\_

Comment: \_\_\_\_\_

Medical Oncologist: (Stage III)

MD: \_\_\_\_\_ Date: \_\_\_\_\_ Findings: \_\_\_\_\_

Comment: \_\_\_\_\_

Radiation Oncologist: (Stage III)

MD: \_\_\_\_\_ Date: \_\_\_\_\_ Findings: \_\_\_\_\_

Comment: \_\_\_\_\_

Palliative Care: (Stage IV)

MD: \_\_\_\_\_ Date: \_\_\_\_\_ Findings: \_\_\_\_\_

Comment: \_\_\_\_\_

Survivorship/Follow up:

NP: \_\_\_\_\_ Date: \_\_\_\_\_ Findings: \_\_\_\_\_

Comment: \_\_\_\_\_