![logo_gustave_roussy_rvb[1]]()

**Patient surname/forename:**

**If file at Gustave Roussy, enter number:**

**Address:**

..

**TEL:** **Date of birth:** Click here to enter a date

**Social security cover / national sickness insurance:** [ ]  Yes [ ]  No

If needed, specify the type (CMU, AME, etc.):

**Email:**

**Type of request**:

 [ ]  Opinion on file [ ]  Treatment

**REQUEST FOR OPINION OR FURTHER TREATMENT**

* This request may only be made by the patient or his/her doctor. In the event of a request from a third party, it will be necessary to enclose a written request from the patient.
* For all requests, it is necessary to send us a full file **including a very recent medical summary.** This will be discussed at a multidisciplinary team meeting (MDT).
* You will only receive an appointment after MDT medical agreement.
* No appointment will be given just for an opinion.
* No appointment will be given just for monitoring.

**DOCUMENTS WHICH MUST BE SENT**

1- **This form**, by fax or by e-mail (contact at the end of this document)

2- A letter putting the specific questions relating to the request.

3- Biopsy report with histology (hormone results and HER2).

4- Operation report with histology.

5- Copies of recent imaging reports (mammogram, ultrasound, CT, isotope scan, PET-scan, etc.). **Please do not send us the films**.

6- Details of treatment received (chemotherapy, radiotherapy, hormone therapy, etc.) specifying doses and side effects

**7-** Summary (full medical summary) written by **your doctor.**

**Any document must be sent to us in PDF or Word format; photographs of documents are not accepted.**

**The file must be translated into French or English.**

***No file will be handled without these documents.***

**TREATMENTS RECEIVED**

HAVE YOU RECEIVED ANY TREATMENT OF YOUR BREAST CONDITION: [ ]  Yes [ ]  No

Surgery:…………….... [ ]  Yes [ ]  No

Chemotherapy:……. [ ]  Yes [ ]  No

Radiotherapy:………. [ ]  Yes [ ]  No

Hormone therapy:… [ ]  Yes [ ]  No

Other:………………….. [ ]  Yes [ ]  No

**GENERAL INFORMATION**

**Name of person making request (specify relationship with the patient):**

**Address:**

**Email:**

**Tel:**  **Date of request:**  Click here to enter a date

**Fax:**

**GUSTAVE ROUSSY CONTACTS**

Email address for opinion on breast disease: avis.sein@gustaveroussy.fr

Department for Breast Disease Fax: 01.42.11.52.74.

Head of Department: Doctor Barbara PISTILLI