

Extracranial Oligometastases Radiation Therapy Worksheet (As of 23 July 2018)

7.	a. If applicable, what is the second site being treated?	
	<input type="checkbox"/> Adrenal gland <input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Other: _____ <input type="checkbox"/> Liver	
	b. How many lesions are being treated at this site?	_____
	c. Will the lesions at this site be treated concurrently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8.	a. If applicable, what is the third site being treated?	
	<input type="checkbox"/> Adrenal gland <input type="checkbox"/> Lung <input type="checkbox"/> Bone <input type="checkbox"/> Other: _____ <input type="checkbox"/> Liver	
	b. How many lesions are being treated at this site?	_____
	c. Will the lesions at this site be treated concurrently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9.	What is the external beam radiation therapy (EBRT) treatment technique? <i>Select the treatment technique for each site, and fill in the number of gantry angles and fractions.</i>		
	Site 1	Site 2	Site 3
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct / 3D	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct / 3D	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct / 3D
	Fractions: _____	Fractions: _____	Fractions: _____

The following additional information **must** be submitted: (1) consultation note (2) result of recent imaging
Recommended to submit request via web in order to upload documentation.

10.	Note any additional information in the space below.