Skin Cancer
Radiation Therapy Physician Worksheet
(As of 19 January 2018)

This worksheet is to be used for curative or palliative treatment of skin cancer. If the treatment is for metastases from skin cancer, please use the appropriate metastatic worksheet.

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) requests must be submitted by phone.

Patient name:		
What is the radiation therapy treatment start date (mm/dd/yyyy)?		_____ / _____ / _______
1.	What is the histology? ☐ Basal cell carcinoma ☐ Merkel cell carcinoma ☐ Squamous cell carcinoma ☐ Mycosis Fungoides ☐ Other: ________________________ ☐ Melanoma ☐ Kaposi's sarcoma	
2.	Does the patient have distant metastases disease (stage M1), i.e. to brain, lung, liver, bone?	☐ Yes ☐ No
3.	What is the location being treated?	___________________
4.	Will regional lymph nodes be irradiated?	☐ Yes ☐ No
5.	What is the treatment plan? ☐ External beam radiation therapy (EBRT) ☐ Brachytherapy	

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6.	If EBRT will be used, what is the treatment plan? *Select a technique for each applicable phase, and fill in the number of fractions.*		
	Phase 1	Phase 2	Phase 3
	☐ Superficial or Orthovoltage ☐ Electron beam therapy ☐ Total skin electrons (TSE) ☐ Complex isodose plan ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy (IMRT) ☐ Tomotherapy Direct/3D ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Proton beam therapy	☐ Superficial or Orthovoltage ☐ Electron beam therapy ☐ Total skin electrons (TSE) ☐ Complex isodose plan ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy (IMRT) ☐ Tomotherapy Direct/3D ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Proton beam therapy	☐ Superficial or Orthovoltage ☐ Electron beam therapy ☐ Total skin electrons (TSE) ☐ Complex isodose plan ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy (IMRT) ☐ Tomotherapy Direct/3D ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Proton beam therapy
	Number of fractions: _________	Number of fractions: _________	Number of fractions: _________

7.	If brachytherapy will be used, what type will be utilized? ☐ Low dose rate (LDR) ☐ High dose rate (HDR) ☐ Electronic brachytherapy (e.g. Xoft, Esteya)	
	b. How many fractions will be given?	Fractions: _________
8.	Will a second site be treated? *If yes please submit additional information regarding their location, technique being used, and fractions needed.*	☐ Yes ☐ No
	Please note that any additional sites being treated should be done concurrently.	
9.	If electron beam therapy or brachytherapy are <u>not</u> the treatment plan, then answer the following: Will daily image-guided radiation therapy (IGRT) be used?	☐ Yes ☐ No
10.	Note any additional information in the space below:	

Please be advised treatment of multiple sites is considered concurrent treatment