



Neuro-Oncology Written Consultation Cover Letter

Patient Information:

Full name: _____

Mailing address: _____

Phone number: _____ - _____ - _____

Email address (optional): _____@_____

Fax number (optional): _____ - _____ - _____

Include documents with the following:

- Current symptoms
- Any specific questions about your case
- \$300 check payable to "Neuro-Oncology Center, UVA Medical Center"*

Note: We cannot review your case without payment. We do not bill insurance.

From your hospital's radiology department (copies only):

- MRI scans, separated by dates, with dates clearly marked*
- CT scans, separated by dates, with dates clearly marked*

Note: We can return the copies of your scans upon request.

From your hospital's medical records department or your doctor's office:

- Copy of medical records
- Copy of lab results
- Copy of pathology reports*

Send all materials, along with payment to either:

U.S. Postal Service

David Schiff, MD
Attn: Erica Cook
P.O. Box 800432
Charlottesville, VA 22908

FedEx, UPS, etc.

David Schiff, MD
Attn: Erica Cook
1240 Lee Street
Charlottesville, VA 22903

Please contact emc9k@virginia.edu or 434.243.7034 if you need help.

*Additional fees may apply if radiologist and/or pathologist reviews are needed (Dr. Schiff will advise)