
	<p>  Centre universitaire de santé McGill McGill University Health Centre </p> <p> Centre du Cancer des Cèdres - Cedars Cancer Centre 1001, boulevard Décarie Montréal (Québec) H4A 3J1 Tél. : 514 934 4400 Télécopie / Fax : 514 934 8220 </p>	<p> Nom/Name: TEST, XXXXX DDN/DOB : 9/7/1926 NAM/RAMQ : KILJ77041314 02/18 MGH# : AAAA1 RVH# : AAAA1 Site : RVH Adresse/Address : 123 Slate Drive </p> <p> Bedrock Ca 90111 Tél./Tel : 5145555588 Date (mm-jd-aayy) : 1/20/2016 </p>
	<p> CENTRE DU CANCER DES CÈDRES DIVISION DE RADIO-ONCOLOGIE Consultation médicale </p> <p> <i>CEDARS CANCER CENTRE</i> <i>DIVISION OF RADIATION ONCOLOGY</i> <i>Medical consultation</i> </p>	

<p>Notes</p> <p> Diagnosis: - rdigiu, Diagnosed 5/15/2014 (Active) C90.0 - Multiple myeloma, Diagnosed 4/9/2014 (Active) C34.1 - Malignant neoplasm of upper lobe, bronchus or lung, Diagnosed 12/10/2013 (Active) 140.0 - Malignant neoplasm of upper lip, vermilion border, Diagnosed 10/19/2011 (Active) C34.1 - Malignant neoplasm of upper lobe, bronchus or lung, Diagnosed 5/13/2009 (Active) C51.9 - Malignant neoplasm of vulva, unspecified, Diagnosed 2/6/2009 (Active) C45.0 - Mesothelioma of pleura, Diagnosed 1/27/2009 (Active) C34.2 - Malignant neoplasm of middle lobe, bronchus or lung, Diagnosed 9/30/2008 (Active) C83.0 - Non-Hodgkin's lymphoma, small cell (diffuse), Diagnosed 1/16/2008 (Active) C61 - High risk prostate cancer, Gleason 8, PSA 15; treated by neoadjuvant hormonal therapy, pelvic radiation and adjuvant radiation therapy for 2 years. Patient completed radiation in 2007, Diagnosed 12/1/2007 (Active) C34.2 - Malignant neoplasm of middle lobe, bronchus or lung, Diagnosed 7/3/2005 (Active) </p> <p> Correspondence: Dr. Hayvin Lee Dr. Jagdish Mehta </p> <p> ID / Reason for consultation: Referral </p> <p> Past medical history: None </p> <p> Medications: None </p> <p> Allergies: None </p> <p> Family History: Unknown </p> <p> Social history: Not stated </p> <p> History of present illness: 2 months </p> <p> Physical examination: Normal </p>
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Consultation médicale (suite)
Medical consultation (continuation)

Patient : TEST,XXXXX[AAAA1]

Impression and plan: Radiotherapy

Préparé par
Prepared by

John Kildea

N/A

1/20/2016

Nom / Name

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Signé électroniquement par / *Electronically signed by*

John Kildea

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