Early Diagnosis and Treatment
Case Presentation Request

Please send requests to:

Hospital/Physician Name: _____

ECHO ID (GDPH Use Only): _____Date ECHO Presentation: ___/___/___

Type of Cancer:	
Diagnosis Date	___/___/_____
Patient Age:	
Gender:	☐ Male ☐ Female ☐ Transexual ☐ M to F ☐ F to M
Race	☐ White ☐ African American/Black ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native
Hispanic	☐ Yes ☐ No ☐ Unknown

Question(s) for ECHO Community:	
Cancer Case Scenario	

Pathology Report	

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Please send requests to:

Treatment Plan	
Surgery	
Radiation	
Chemotherapy	
BRM	
Other	
Remarks	

Medical History (Optional)

☐ HTN ☐ Hyperlipidemia ☐ Diabetes ☐ Cardiovascular Disease ☐ Tobacco Use

☐ Obesity ☐ Alcohol Use ☐ COVID Positive ☐ COVID-Vaccinated

☐ Other: _____

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Please send requests to:

Current Medication (Optional)

Medication Name/Dose	Medication Name/Dose	Medication Name/Dose