Vancouver CoastalHealth
Promoting wellness. Ensuring care.

LIVER TUMOUR ROUNDS

Please complete and email to VGHLTR@vch.ca (preferred) or fax to Rounds Coordinator/VGH IR PCC at 604-875-4228

Today's Date: LTR discussion Date:	**Referring Physician:** Dr. **Presenting Physician:** Dr. **Primary Care Physician:** Dr. Involved Physicians: MO RO HEP HPB SO

PATIENT INFORMATION **PRIORITY:** ☐ Next Rounds ☐ Within 1 Month

Patient Name:	**Date of Birth:**	**City:**
PHN:	**Cerner MRN:**	**BCCA ID:**

PATIENT HISTORY (include HBV/HCV, prior Rx(s), current Rx + duration, contraindications or comorbidities of note)

Question(s) for LTR to address:

Images (most recent must be within 3 months)	**Date of Images**	**Location of Images**

LAST LTR DATE PRESENTED:

Previously presented: ☐Yes ☐No ☐Unknown

Consult:

Date of Bloodwork* (within 1 month):

*bolded labs are required

Bilirubin (T)	µmol/L
(D)	µmol/L
Albumin	g/L
INR	
Creatinine	µmol/L
Platelets	x 10^9/L
AFP	µg/L
CEA	µg/L
CA19-9	kU/L

Plan:

Ascites ☐

Encephalopathy ☐

Child-Pugh

MELD

Last Consult: **RADIOLOGY USE:** ☐ RAD CONSULT ☐ RAD CONFERENCE ☐ FILM INTERPRETATION