CyberKnife Cancer Institute of Chicago

a program of Swedish Covenant Hospital

Phone 312.477.2400 **Fax** 312.477.2401 **Email** referrals@CKcancerchicago.com

referrals.ckcancerchicago.com

Referring a patient is easy.

If you feel your patient is a CyberKnife candidate, simply contact our office or have your patient contact us.

Our team will contact your office for any patient records that may be needed prior to consult.

What happens once the referral is made?

Step 1: Meet your CyberKnife Treatment Care Team

Prior to treatment, you will meet your CyberKnife Care Team in person.

Your care team provides a collaborative, consistent and comprehensive approach and will spend time getting to know you, as well as your needs, prior to treatment.

Steps 2-3: Set-up (imaging & marker placement)

- The precise location, size and shape of your tumor are determined and mapped (a CT scan, MRI or PET scan may be required)
- Marker placement (if needed) will help accurately guide the CyberKnife

Your CyberKnife Treatment Care Team doctors will decide what types of imaging procedures best identify your tumor and develop a customized treatment plan.

Steps 4-5: Simulation & treatment planning

- One week after markers are placed (if needed), a comfort and stability system will be customized for your use during treatment
- A final CT scan will be performed

Once treatment preparation is complete, your CyberKnife Treatment Care Team will carefully review your scans and plan treatment.

Steps 6: Your CyberKnife treatment cycle

- You are ready to begin your CyberKnife treatments
- Treatments will occur over a 1-5 day period
- Each treatment lasts just 30-90 minutes

We recommend a friend or relative accompany you to lend support and drive you home after each procedure.

Steps 7: Patient is returned to referring MD

Referring Office Information

Date: _____ Referring Physician Name: _____

Practice Name: _____ Phone Number: _____

Fax Number: _____ PCP (if different): _____

Patient Information

Patient Name: _____

Patient Address: _____

Phone Number: _____

Patient Diagnosis: _____

Insurance: _____ ID#: _____

Insured Name (if different than above): _____

Other Insurance: _____