



SARCOMA
oncology
center

Sant P. Chawla, M.D.

Director

**Kamalesh Kumar Sankhala, M.D.
"Dr. Kumar"**

Oncology and Hematology

Doris V. Quon, M.D., Ph.D.

Oncology and Hematology

Victoria Chua, M.D., C.L.S.

Director of Clinical Research

MY IMPORTANT CONTACTS

MY HEALTHCARE TEAM

MY PRIMARY CARE DOCTOR

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best Ways to Reach (e.g. E-mail, phone call, scheduled call-in times)	

NOTES



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MY HEALTHCARE TEAM

MY HEALTHCARE TEAM (CONTINUED)

OTHER DOCTORS I SEE

(For example: cardiologist, allergist, etc.)

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

NOTES



**cancer
center**
OF SOUTHERN
CALIFORNIA

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MY HEALTHCARE TEAM

MY HEALTHCARE TEAM (CONTINUED)

MY ONCOLOGIST/HEMATOLOGIST

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call- in times)	

PLAN OF CARE

NOTES

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MY HEALTHCARE TEAM

MY HEALTHCARE TEAM (CONTINUED)

MY RADIATION ONCOLOGIST

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

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MY HEALTHCARE TEAM

MY HEALTHCARE TEAM (CONTINUED)

MY SURGEON

Name	
Address	
City, State, Zip	
Telephone	
Fax	
E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	



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MY HEALTHCARE TEAM

MY HEALTHCARE TEAM (CONTINUED)

OTHER MEMBERS OF MY HEALTHCARE TEAM

(For example: nurses, social workers, physical therapists, etc.)

Name	
Address	
City, State, Zip	
Telephone	
Fax	



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E-mail	
Date Last Seen	
Best ways to reach (e.g. E-mail, phone call, scheduled call-in times)	

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Telephone	
Fax	
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Date Last Seen	
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MY HEALTHCARE TEAM

MY HEALTHCARE TEAM (CONTINUED)

OTHER MEMBERS OF MY HEALTHCARE TEAM

Name	
Address	
City, State, Zip	



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