

# thesecondopinion

provided by the Regional Cancer Foundation

Thank you for agreeing to participate in one or more of **thesecondopinion** consultative panels over the next year. I think you will find it worthwhile and rewarding. We do need the following information for our files:

**Name and address:** \_\_\_\_\_ (this is the address we will send patient materials to)

\_\_\_\_\_  
\_\_\_\_\_

**Office phone:** \_\_\_\_\_

**Alternate phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Specialty, special interests:** \_\_\_\_\_

**Date of Board Certification:** \_\_\_\_\_

## Please submit a short bio or curriculum vitae

Tumor boards generally meet at 12:15 pm on a Wednesday or Friday, and occasional Mondays at 10:30am and last for around 2 hours. We serve a light lunch and parking is available. We will mail the materials to the address you list above.

**Please indicate if one day or time is best for you:** \_\_\_\_\_

We offer malpractice coverage through The Doctors Company for (only) the work you do in relation to **thesecondopinion**, if you so desire. If you wish to be covered under our policy, please indicate:

**Yes, I would like coverage:** Please provide your SSN \_\_\_\_\_

Please provide your Birth Date \_\_\_\_\_

Additionally, you will need to sign the enclosed **“No known or open claims declaration”** form and return with the other materials.

## I do not need additional coverage

You may also contact our Doctors Company agent directly with this information if you feel more comfortable.

Kacie Lind, Account Manager 0066489  
The Doctors Company Insurance Services  
Toll Free: (800) 421-2368 ext. 1419  
Direct: 310-492-4859  
KLind@thedoctors.com