

## Proton Therapy Consultation Service Request Form

I. Patient Information	
Name:	Sex:
Phone Number:	
Address:	
Date of Birth:	
Health Card Number:	

II. Referring Physician Information	
Name:	
Email:	
Phone Number:	Fax:
Billing Number:	Province:

III. Clinical Information
Diagnosis:
Indication for RT:
RT Prescription:

*Please include additional notes if necessary.*

IV. Imaging and RT Dataset
<p>The following zipped items may be submitted to <a href="mailto:Protons@uhn.ca">Protons@uhn.ca</a> via <a href="https://fileshare.uhn.ca">https://fileshare.uhn.ca</a>.            Instructions are on the last page.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Planning or Diagnostic CT dataset with RTStructures: GTV, CTV, PTV and OARs</li> <li><input type="checkbox"/> Photon plan with RTdose and RTplan (recommended)</li> <li><input type="checkbox"/> Completed planning objectives sheet (recommended, see next page)</li> </ul>

### V. Planning Objectives Sheet (Recommended)

Edit fields below as appropriate.

Structure	Metric		Objective	Notes (Optional)
PTV_xxxx	D95	>	95%	
PTV_xxxx	Dmax	<	105%	
CTV_xxxx	D98	>	95%	
GTV	D99	>	95%	
SpinalCord	Dmax	<		

### VI. UHN File Share Workflow

Submitting files to [Protons@uhn.ca](mailto:Protons@uhn.ca) via <https://fileshare.uhn.ca>:

1. Place all files in a common folder and zip files using 7-Zip, WinZip or WinRAR.
2. Upload files using the following link: <https://fileshare.uhn.ca>
3. **Select "Patient Information" level file protection.**
4. Document both the automatically-generated Download Password and the Unzip Password that you have created. (Note: there are two passwords).
5. Enter your email address. An email will be sent to this address containing a download link for your files.
6. Share the link with [Protons@uhn.ca](mailto:Protons@uhn.ca)
7. Share the passwords via [Protons2@uhn.ca](mailto:Protons2@uhn.ca)