

Please fax to 416-946-2111 Questions?

Protons@uhn.ca 416-946-2121

Proton Therapy Consultation Service

Request Form

I. Patient Information			
Name:	Sex:		
Phone Number:	1,4141,4141,4141		
Address:	1272730		
	1.7.7.2		
Date of Birth:			
Health Card Number:			
II. Referring Physician Information			
Name:			
Email:			
Phone Number:	Fax:		
Billing Number:	Province:		
Would you like us to go over the plan with the patient? Yes □ No□			
If yes, please provide clinical notes and imaging reports. Primary oncologic care responsibility remains with			
the referring team.			
III. Clinical Information			
Diagnosis:			
Indication for DT:			
Indication for RT:			
//			
RT Prescription:			
	104444		
IV. Imaging and RT Dataset			
The following zipped items may be submitted to Protons@uhn.ca via https://fileshare.uhn.ca. Instructions are on the last page.			
☐ Planning or Diagnostic CT dataset with RTStructures: GTV, CTV, PTV and OARs			
☐ Photon plan with RTdose and RTplan (recommended)			
\square Completed planning objectives sheet (recommended, see next page)			

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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	<		
			1	
			///	
			////	

VI. UHN File Share Workflow

Submitting files to Protons@uhn.ca 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
- 7. Share the passwords via Protons2@uhn.ca