The following is a listing of clinical conditions appropriate for clinical telehealth thoracic surgery consultations. If you would like to refer a patient with a condition which is not listed below, please send your request with the patient’s chart notes to the telehealth coordinator for the specialist’s consideration.

**Clinical Conditions:**
- Esophageal Cancer
- Barrett’s Esophagus with High Grade Dysplasia (HGD)
- Known/Suspected Lung Cancer
- Pulmonary Nodule

**Clinical Information if available prior to consultation:**

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Test/Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophageal Cancer</td>
<td>Endoscopy report, Pathology Report, Chest CT/IV contrast PET or PET/CT</td>
</tr>
<tr>
<td>Barrett's w/HGD</td>
<td>Endoscopy report, Pathology Report, Chest CT/IV contrast PET or PET/CT</td>
</tr>
<tr>
<td>Known/Suspected Lung Cancer</td>
<td>Pathology report (if biopsy already performed), Chest CT/IV contrast PET or PET/CT</td>
</tr>
<tr>
<td>Pulmonary Nodule</td>
<td>Chest CT/IV contrast PET or PET/CT</td>
</tr>
</tbody>
</table>

**Consultant:** [David Tom Cooke, MD, FCCP, FACS](#)

**Appointment Scheduling:**
- New: 30 minutes
- F/U: 15 minutes

**Level of Presenter Required:**
- MD, DO, NP, PA

**Video Equipment Required:**
- Videoconferencing unit

**The following information must be received prior to scheduling an appointment:**
1. [Telehealth Referral Request Form](#)
2. “Necessary Clinical Information”

**The following must be received before the consult begins:**
1. Signed [UC Davis Health Acknowledgement of Receipt: Notice of Privacy Practices form](#) (new patients only)
2. Documented verbal consent from patient for participation in telehealth consultation

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[UC Davis Health Clinical Telehealth Program](http://health.ucdavis.edu/cht/clinic)
Toll Free: (877) 430-5332
Referral Fax: (866) 622-5944
http://health.ucdavis.edu/cht/clinic