



Chordoma Foundation Doctor Directory Information Form

The following information is needed to create, update, and/or verify your Doctor Directory profile. All fields are required unless otherwise noted.

Applicant Details

Full Name _____

Professional Suffix (MD, PhD, etc) _____

Title _____

Institution _____

Email _____

May we publish your email in the Directory? (*Email addresses will be hidden behind a CAPTCHA.*)

Yes Can be given to individuals No

Clinic Information

Clinic Street Address _____

City _____

State/Province _____

Postal Code _____

Country _____

Clinic Phone _____

I would like to receive Chordoma Foundation newsletters and research updates

Practice Information

Specialty:

- Medical Oncologist
- Radiation Oncologist
- Skull Base Surgeon
- Spine Surgeon
- Pathologist (not published in public directory, but referenced internally)
- Other _____

Subspecialty: (optional) _____

For radiation oncologists, types of radiation used: (choose all that apply)

- Proton Beam
- Photon
- IMRT
- Stereotactic Radiosurgery
- Dural Plaque Brachytherapy

Do you treat: (choose all that apply)

- Adults
- Children

Do you provide remote consults to patients?

- Yes
- No

Are you board certified in your practice specialty?

- Yes
- No

Professional Society Membership(s): (optional)

Specialty Training: (optional)

Number of chordoma patients treated in the past 5 years: _____

In the past 5 years have you:

- Attended a Chordoma Foundation Conference or Research Workshop
- Presented on chordoma at a national or international conference
- Published a peer-reviewed journal article on chordoma

Publication/Presentation name and links (**required** if not available in a PubMed search)_____



Please provide information for the member of your staff who can be contacted by patients.

Patient Point of Contact Full Name _____

Patient Point of Contact Title _____

Patient Point of Contact Phone _____

Patient Point of Contact Email _____

May we publish Patient Point of Contact Email in the Directory?
(Email addresses will be hidden behind a CAPTCHA.)

Yes Can be given to individuals No

I certify that the information provided in this form is true and accurate (initial here)

Today's Date _____

Completed forms should be returned to
Shannon Lozinsky, Chordoma Foundation Patient Services Manager
Email: shannon@chordoma.org
Fax: 866-367-3910
Mail: PO Box 2127, Durham, NC 27702

If you have any questions, please contact Shannon at the email above
or by phone at 919-809-6779.