



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

The primary teaching affiliate of the
Boston University School of Medicine.



Boston University School of Medicine

Boston University Sarcoidosis Center

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Dear Boston University Sarcoidosis Center Patient:

In preparation for your upcoming initial consultation, please **mail or fax** the following documentation to the address/fax number at the bottom of the page so that we are able to efficiently and comprehensively review your case:

1. Most recent doctors notes.
 - a. Please include notes from your primary care doctor and any specialists involved in your care (for example: pulmonologist, cardiologist, rheumatologist, and/or neurologist, etc.)
 - b. Please include an up to date report of the medications you take
2. Reports from Imaging Studies and Diagnostic Tests
 - a. Chest X-rays
 - b. CT scans
 - c. PET scans
 - d. MRI scans
 - e. Echocardiograms
 - f. Recent blood work
 - g. Holter monitor
 - h. Pulmonary Function Tests
 - i. Cardiac Angiograms ('heart cath')
 - j. Biopsy reports (lymph nodes, lung, skin, heart, etc)
3. If you are being seen for a **cardiac evaluation**, please get CD/DVDs of cardiac PET and/or cardiac MRI scans from the hospital where they were performed and **BRING THESE WITH YOU.**

If you have any questions about what information you need to bring or need further assistance, please contact the Sarcoidosis Center Administrative Assistant, **Kenneth Lalsingh, at 617-414-3479.**

Thank you and we look forward to your visit.