My Care Team

My Oncologist

Name: _____

Phone number: _____

Notes: _____

_____

_____

My Family Doctor

Name: _____

Phone number: _____

Notes: _____

_____

_____

My Primary Nurse

Name: _____

Phone number: _____

Notes: _____

_____

_____

Other Healthcare provider(s)

Name: _____

Phone number: _____

Notes: _____

_____

_____

My Cancer Centre/Hospital

Name: _____

Phone number: _____

Fax number: _____

Notes: _____

_____

Other Healthcare provider(s)

Name: _____

Phone number: _____

Notes: _____

_____

_____

To learn more about the healthcare providers who may form part of your care team, visit ExposeTNBC.ca.