



NYUCancerInstitute

Patient Name: _____

Date: _____

Post Radiation Discharge Instructions

You have completed **Radiation Therapy** for your **Seminoma**.

- Your fatigue should gradually decrease over the next few weeks.
- Please continue to:
 - use an unscented, mild soap in the treatment area.
 - **not** apply heating pads, ice packs or expose the treatment area to sunlight for the next 3 months.
- If you have increased pain with urination, fever, or bleeding please **call this office** at: **212-731-5003**.
- You will need to schedule appointments with the following doctors:
 - Radiation Oncologist, Dr. Nicholas Sanfilippo at (212) 731 5003:
 - Schedule an appointment for 1 month from today:

 - and then according this schedule:
 - every 3 months for the 1st year.
 - every 6 months for the 2nd year.
 - and from then on, once every year.
 - Urologist, Dr. _____ at (212) _____:
 - Schedule an appointment for 6 months from today:

 - and then once every year.

Special blood tests will be performed at each visit. (No preparation is needed.)
4 months from now you will have a Pelvic/Abdominal CT, and then once a year for 3 years.

I understand these instructions and I have received a copy to take home with me.

Patient Signature: _____

Date: _____

Nurse's Signature: _____ RN / NP

Date: _____