**First Office Visit Planner**  
*I was recently diagnosed / I’m seeking a second opinion*

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<tr>
<th>Appt. Date:</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Appt. Time:</td>
<td>Doctor:</td>
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**List of Current Medications / Supplements** *(include prescribing doctor and dosage)*

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**Current Side Effects and Symptoms**

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**Questions to Ask Your Doctor**

- What type of AML do I have and what does that mean for me?

- How many patients with AML have you treated?

- How often should I come in for monitoring?

- How frequently should I have lab work?

- Is there other lab work or testing that is important for me to have to learn more about my disease?

- What treatment options are available for me?

- What are the pros and cons of each option? Side effects?

- Is it important to start treatment immediately? If not, why?

- Is there a clinical trial option that might be right for me?

- What financial resources are available to me?

**My Visit Checklist**

- ☐ Can you record the audio of the visit?
- ☐ Bring a friend or family member to take notes
- ☐ Discuss your visit on the way home

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**Additional Questions / Notes**

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