



SIR – Sphere Order of Procedure

The following is a guideline of studies and procedures that you will be undergoing. We hope this aids you in tracking your appointments.

1. Consultation with Dr. Hoffman.
2. Predetermination information will be sent by us to your insurance company.
3. After predetermination is approved:

A. Appointment with the Radiation Oncologist – Dr. Perch or Dr. Sopka

Scheduled for: _____

Location: 1240 South Cedar Crest Blvd, Ground Floor, Allentown PA 18103

Phone: 610-402-0700

B. PET/CT (if necessary)

Scheduled for: _____

Location: 1230 South Cedar Crest Blvd, Suite 104, Allentown PA 18103

Phone: 610-435-1600

Instructions: Nothing to eat four hours prior to the study. May stay hydrated with water only. May take medications on regular schedule.

C. Preadmission Testing

Scheduled for: _____

Location: Diagnostic Care Center, Lehigh Valley Hospital – Cedar Crest

1200 South Cedar Crest Blvd, First Floor, Allentown PA 18103

(From the main entrance, go left down the corridor, Care Center is on your right.)

Instructions: This involves a medical exam, non-fasting blood work, and a review of your medical history and medications.

D. Mapping Angiogram

Scheduled for: _____

Location: Lehigh Valley Hospital (Hospital staff will call you the day before your appointment to inform you of your arrival time and where to report.)

E. SIR - Spheres Infusion I

Scheduled for: _____

Location: Lehigh Valley Hospital (Hospital staff will call you the day before your appointment to inform you of your arrival time and where to report.)



4. One day post operatively, you will receive a phone call from Dr. Hoffman's office. Two weeks post operatively, Dr. Hoffman's office will call to provide information regarding a four week office visit and blood work.
 - A. Office visit with Dr. Perch or Dr. Sopka
Scheduled for: _____
Location: 1240 South Cedar Crest Blvd, Ground Floor, Allentown PA 18103
Phone: 610-402-0700
 - B. Office visit with Dr. Hoffman
Scheduled for: _____
Location: 1250 South Cedar Crest Blvd, Suite 100, Allentown PA 18103
Phone: 610-402-8759
 - C. SIR - Spheres Infusion II
Scheduled for: _____
Location: Lehigh Valley Hospital (Hospital staff will call you the day before your appointment to inform you of your arrival time and where to report.)

5. One day postoperatively, you will receive a phone call from Dr. Hoffman's office. Two weeks postoperatively, Dr. Hoffman's office will call to provide information regarding a four week office visit and blood work.
 - A. Office visit with Dr. Perch or Dr. Sopka
Scheduled for: _____
Location: 1240 South Cedar Crest Blvd, Ground Floor, Allentown PA 18103
Phone: 610-402-0700
 - B. Office visit with Dr. Hoffman
Scheduled for: _____
Location: 1250 South Cedar Crest Blvd, Suite 100, Allentown PA 18103
Phone: 610-402-8759

For your convenience, multiple appointments will be scheduled on same day (if possible). If you are unable to keep the above appointments, please contact the facility and reschedule as soon as possible. Please notify Dr. Hoffman's office of any appointment changes. Please call Dr. Hoffman's office at 610-402-8759 with any questions.

If you need to reach Dr. Hoffman after business hours, please call 610-402-8759 or 610-295-9850.

Thank you.