CARILION CLINIC

UROLOGY APPOINTMENT REQUEST FORM

Please include the notes from the 5 most recent office visits, lab records, and problem specific imaging should be uploaded to Sectra (x-ray, MRI, CT). If images cannot be uploaded in Sectra, an imaging disk should be mailed to the office.

Patient Information

Patient Name (First, MI, Last): _____ Date of Birth: _____

Preferred Language: _____ Address: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

Insurance Coverage: _____ID#: _____

Work Comp or VA Referral? Yes No

Reason for Referral (please circle):

Bladder Cancer **Blood in Urine** **BPH (Enlarged Prostate)** **Elevated PSA** **Erectile Dysfunction** **Hydrocele** **Incontinence**

Kidney Stones **Low Testosterone** **Overactive Bladder (OAB)** **Prostate Cancer** **Prostatitis** **Recurrent UTI**

Renal/Bladder Mass **Renal Cysts/Lesions** **Testicular Pain** **Urinary Retention** **Vasectomy Consult**

Priority of Appointment (please circle one below):

Urgent **See w/in 2 days** **See w/in 7 days** **See w/in 14 days** **See w/in 30 days** **Routine**

For conditions not listed on this form, please call to verify if the condition is treated by this practice.

Has the patient had prior medical care for this problem in the same specialty? Yes No

Who did the patient see? _____ Is patient still established with that urologist? Yes No

Please select the preferred location, provider or first available.

	Location	Providers	Phone	Fax Referral to:
☐	5372 Fallowater Lane Roanoke, VA 24018	Dr. Rodney Poffenberger Dr. Mark Schmidt Bridgette Keene, NP, Brandlene Ratcliffe, NP	540-224-5170	540-772-2634
☐	4064 Postal Drive Roanoke, VA 24018	Dr. Charles Daniel Kathryn Gall, NP	540-224-5170	540-342-2745
☐	3 Riverside Circle SW Roanoke, VA 24016	Dr. Mehrad Adibi Dr. Yu Zhang	540-224-5170	540-301-0692
☐	First Available			

Referring Physician Office Information

Provider Referring the Patient: _____

We will contact you via fax to notify you of the appointment request outcome.

Office Contact Name: _____ Contact Fax Number: _____