UROLOGIC SPECIALISTS

Referral Phone Number: 479.573.3947
Referral Fax Number: 479.478.0548
Email: referrals@okuso.com

NEW PATIENT REFERRAL FORM

Please fully complete this form in order for us to serve you and the patient efficiently. Once you have completed this form and obtained the necessary medical records, please fax or email using the above provided contact information. Appointment scheduling is determined by the severity of illness and is scheduled directly with the patient. Once we have secured an appointment with the patient you will receive notification of the date and time of the appointment. If we are unable to reach the patient by the third phone call; we will notify your office so that follow up can occur with the patient. We thank you for your referral and we appreciate the opportunity to serve you and the patient.

Patient Name: _____ DOB: _____

SSN: _____ Circle One: MALE FEMALE

Address: _____

Home: (_____) _____-_____ Cell: (_____) _____-_____ Work: (_____) _____-_____

Primary Insurance:_____

Policy Number:_____ Group Number: _____

Insureds Name: _____ Insureds SSN: _____ Insureds DOB: _____

Claims Address: _____

Referring Physician: _____ Referring Group/Clinic: _____

Office Number: (_____) _____-_____ Office Fax Number: (_____) _____-_____

Referral Reason: _____

_____

Comments:_____

_____

Please include the following items: _____ BMP / CMP / CBC **(Last 6 Months)** _____Urine Studies **(Last 12 Months)** _____Med List

_____ Physician Notes **(Last two OV)** _____ Diagnostic Studies **(Any Imaging Related to Care)** _____ Operative notes / Pathology Reports **(Any Related to Care)**

When to Refer?

Urgent Referrals- ***Call & Fax***
(Immediate-2 Days)

- Gross Hematuria
- Urinary Retention w/o Catheter
- Obstructing Stone
- Untreated UTI w/ Fever and Chills

Immediate Referrals
(3-10 Days)

- Renal, Bladder, and Testicular Masses, Lesions, and Etc.
- Micro Hematuria (not chronic)
- Elevated PSA

Routine Referrals
(1-3 Weeks)

- Kidney Stone (Asymptomatic)
- Chronic UTI
- Erectile Dysfunction
- Prolapse
- Incontinence
- Benign Prostatic Hyperplasia (BPH)

FORT SMITH
2713 S 74th St Suite 104, Fort Smith, AR 72903 — Ph: 479.573.3947, Fax: 479.478.0548

BARTLESVILLE
3400 E Frank Phillips Blvd Suite 700, Bartlesville, OK 74006 — Ph: 918.248.0995, Fax: 918.248.0921

MCALESTER
4 East Clark Bass Blvd Suite 202, McAlester, OK 74501 — Ph: 918.558.5851, Fax: 918.558.5846

MUSKOGEE
4318 W Okmulgee, Muskogee, OK 74401 — Ph: 918.910.5211, Fax: 918.910.5209

OWASSO
12455 E 100th St N Suite 360, Owasso, OK 74055 — Ph: 918.505.2634, Fax: 918.248.0134

TULSA
10001 E 48th St S, Tulsa, OK 74146 — Ph: 918.749.8765, Fax: 918.392.2145

W. Todd Brookover MD • Robert R. Bruce MD • Jeremy C. Carrico MD • Stephen D. Confer MD • W. Jason Cook MD
Cole B. Davis MD • Sean M. Doyle MD • Kevin J. Gancarczyk MD • Shaun G.S. Grewal MD • J. Steve Miller MD • Scott E. Litwiller MD
James B. McGeady MD • Oren F. Miller MD • Marc S. Milsten MD • Sunshine Murray MD • Joseph L. Padalino MD • Curtis R. Powell MD
Charles R. Pritchard MD • Michael N. Wilkin MD • Thomas M. Rashid MD • Joshua Vicena DO • R. Chanc Walters MD