

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.

Please choose a location: ___Tulsa ___Muskogee ___McAlester ___Fort Smith ___Joplin ___First Available

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 ___Urine Studies ___Med List
 (Last 6 Months) (Last 12 Months)

___Physician Notes ___Diagnostic Studies ___Operative notes / Pathology Reports
 (Last two OV) (Any Imaging Related to Care) (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

6801 S. Rogers Ave STE 202 Ph: 479.573.3947
 Fort Smith, AR 72903 Fax: 479.478.0548

MCALESTER

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

MUSKOGEE

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

TULSA

10901 E 48th St S Ph: 918.749.8765
 Tulsa, OK 74146 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 • James O. L'Esperance MD
 Scott E. Litwiller MD • James B. McGeady MD • J. Steve Miller 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 • Andrew D. Wright MD