

MUROLOGY

MARQUETTE GENERAL

1414 West Fair Avenue, Ste 249 Marquette, MI 49855
 Ph 906-225-7780 Fax 906-225-4893

CONSULTATION REQUEST

PATIENT NAME: _____ BIRTHDAY: _____

ADDRESS: _____

PHONE: HOME _____ WORK _____

SS# : _____

INSURANCE: _____ PRIMARY

_____ SECONDARY

HAS PATIENT BEEN SEEN BY Marquette General Urology: YES _____ NO _____

IF YES, BY WHICH DR.: _____

Diagnosis AND/OR Symptoms: _____

*****PLEASE INCLUDE ANY RECENTLY COMPLETED TESTS OR REPORTS WITH THIS REFERRAL (ALSO include the Last PSA and copy of your H&P - THANK YOU)**

STUDIES:	ORDERED	COMPLETED***	FACILITY / DATE (IF NOT COMPLETED)
CT	_____	_____	_____
IVP	_____	_____	_____
US	_____	_____	_____
PSA	_____	_____	_____
URINE CULTURE	_____	_____	_____
URINE CYTOLOGY	_____	_____	_____

REFERRING DR.: _____ DATE : _____

PHONE: _____ FAX : _____

DOES YOUR OFFICE WISH TO BE NOTIFIED WITH APPOINTMENT DATE?

YES _____ NO _____

Revised: 07/10/08

Confidentiality Notice: The information contained in this facsimile transmission is legally privileged and confidential information intended only for the use by the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or reproduction of this transmission is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately so we may arrange to retrieve this transmission at no cost to you.