

NASHVILLE UROLOGY

COMPREHENSIVE UROLOGICAL CARE

PATIENT CONSULTATION REQUEST FORM

Today's Date: _____

Referring Physician: _____ Physician Fax: _____

**Dear Nashville Urology,
I am seeking your consultation on**

Patient Name: _____

SSN: _____ DOB: _____

For the following urologic condition(s):

Overactive Bladder Hydronephrosis Pelvic Pain Cosmetic Urology

Urinary Incontinence Kidney Stones Sexual Dysfunction Vasectomy

Prolapse Recurrent UTI's Urinary Retention Hematuria

Other: _____

FOR URGENT CONSULTS, PLEASE CALL PHYSICIAN AT (615) 270-8060

A copy of this consultation request should be filled in both the medical record of both the originating physician and the consulting physician. If this is a verbal request, a copy of this form should be faxed to the originating physician.

Appointment Date: _____ Appointment Time: _____

Documentation Required (please fax with this form):

Recent/relevant clinical notes/test results, (i.e. H&P, Imaging reports, Labs)

Proof of Insurance

Demographics (i.e. Address, Contact info)

Fax completed form to Nashville Urology at (615) 628-1344