



Cadillac Urology Practice
 1011 Sunnyside Drive
 Cadillac, MI 49601
 231-779-2565
 Fax 231-775-0744

PATIENT REFERRAL FORM

LAST NAME _____ DATE OF BIRTH _____

FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

PO BOX _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

TYPE OF INSURANCE:

INSURANCE #1 _____

INSURANCE #2 _____

We do NOT accept McLaren Medicaid, Priority Medicaid. We do accept Molina, Meridian and State Medicaid

DIAGNOSIS _____

REFERRING DOCTOR _____

RETURN FAX NUMBER _____

Referral Guidelines:

STONES: need Hematuria and or any imaging showing calculi

ELEVATED PSA: Prefer last three years PSAs need at least 2 PSAs

INCONTINENCE/FREQUENCY/URGENCY: Please include medications already tried

RECURRENT UTI: please include urinalyses and need recent urine cultures

GROSS HEMATURIA: We will see ASAP

TESTICULAR PAIN: Need scrotal US prior to consult (if emergent, i.e. torsion send to ER first)

LOW TESTOSTERONE: Need two AM Free and Total testosterone levels