UROLOGICAL Associates of Savannah, P.C.

PATIENT REFERRAL/APPOINTMENT FORM

Fax Completed Form to 912/352-9031

The following information is required with your faxed request:

- ✓ Insurance referral (if required)
- ✓ Insurance cards (Front & Back)
- ✓ Medical Records (to include office notes, operative reports, laboratory, radiology and pathology reports)
- ✓ If being seen for elevated PSA, please include last 5 years of results

Our Process:

1. **We will make three (3) attempts to contact the patient. If unsuccessful, we will notify the patient via a letter and the referring provider will receive a fax copy of that letter.**
2. **Once an appointment has been made, we will send you a confirmation via fax sharing the date and time of the appointment. We will not fax hospitals back.**

PHYSICIAN REQUESTED/PREFERRED:

☐ BOYD ☐ CHENG ☐ COX ☐ RUTH ANN MAZO ☐ STEPHEN MICHIGAN

☐ ANDREW MICHIGAN ☐ SHOOK ☐ **FIRST AVAILABLE**

PREFERRED LOCATION: ☐ SAVANNAH

CHECK ONE: ☐ **URGENT REFERRAL** (1-2 days)

☐ ASAP Appointments (3-7 days)

☐ Routine Referral - first available appointment

☐ Referring Physician has already spoken with one of our physicians regarding this patient

REASON FOR REFERRAL/DIAGNOSIS (leaving blank will cause delays in scheduling your patient)

_____

WAS PATIENT SEEN IN THE E.R.? ☐ **YES** ☐ **NO** If Yes, what hospital? _____

_____ _____ _____

PATIENT'S LAST NAME **FIRST** **MIDDLE**

DOB: _____/_____/_____ ☐ MALE ☐ FEMALE SOCIAL SECURITY _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

DAYTIME PHONE _____ WORK PHONE _____ CELL _____

PATIENT'S EMAIL ADDRESS _____

PRIMARY INSURANCE INFORMATION

INSURED'S NAME _____RELATION TO PATIENT _____

COMPANY NAME _____ POLICY # _____

GROUP # _____REFERRAL NEEDED? ☐ YES ☐ NO REF # _____

REFERRING MD NAME _____ NPI# _____ PHONE _____

NAME OF CALLER _____PHONE _____ FAX _____

FOR UROLOGICAL ASSOCIATES OFFICE TO COMPLETE:

PATIENT HAS APPOINTMENT WITH DR. _____ ON _____ TIME _____☐AM ☐PM

Appointment made by _____on this date _____

Thank you for your referral. Should you have any questions, call us at our MAIN PHONE 912/790-4000

FAX COMPLETED FORM TO 912/352-9031