



Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of _____.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Bladder/Urethra

_____ Referring MD chart notes pertaining to cancer diagnosis

_____ Initial consultation with urologist and all subsequent office notes (include name of MD)

_____ Operative/procedure notes for all procedures:

Cystoscopies (MD office or hospital)
Surgical resection

_____ Pathology: (all pathology associated with this diagnosis)

Urine cytology
Biopsy obtained during cystoscopy
Cystectomy or other major surgery

_____ Diagnostic studies:

CT abdomen/pelvis
IVP
Chest x-ray or CT chest
Any other recent studies done within the past 3 months

_____ Labs:

CBC, CMP (Most recent)