



WASHINGTON UROLOGY

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WEBSITE: www.washingtonurology.com

Patient Name: _____ Date: _____

Patient Insurance Information: _____ PPO HMO

Patient Phone: (____) _____ Patient Date of Birth: _____

Referring Physician: _____

Physician Phone: (____) _____ Physician Fax: (____) _____

Physician NPI # _____ Plan Provider # _____

Reason for Referral:

To the referring physician:

Please fax any pertinent records that will help us evaluate your patient, including recent pathology, surgical, radiology or laboratory reports.

DOCTOR'S SIGNATURE: _____

For Your Information:

First Office Visit

Please be sure to bring along the following information:

- This referral form
- Patient registration forms (forms can be downloaded or submitted online at www.washingtonurology.com). If during the submission of your online registration you do not receive an acceptance confirmation, please contact the office before your appointment.
- Insurance card and photo ID
- Reports and actual images (CD or film) of x-rays, CT scans, nuclear medicine studies, or MRI scans. If you have had your imaging performed at Virginia Hospital Center, we can access it; you do not need to bring images.
- Reports of laboratory studies
- List of current medications (prescription, over-the-counter, or herbal preparations) with dosage and frequency
- Summaries or medical records from the referring physician
- Please arrive 20 minutes before your scheduled appointment so your electronic medical record may be completed.

Will my insurance be accepted?

Washington Urology accepts all of the same insurance plans as Virginia Hospital Center; please see www.washingtonurology.com. It is your responsibility to make sure your insurance policy will cover the services you are being referred for and to obtain a referral from your primary care physician if required.

**WHEN PARKING AT VIRGINIA HOSPITAL CENTER
PLEASE PARK IN THE BLUE PARKING GARAGE**