



WakeMed
Physician Practices

wakemedphysicians.com

UROLOGY

North Healthplex
10010 Falls of Neuse Road
Suite 105
Raleigh, NC 27614
Phone: 919-350-1574
Fax: 919-350-1606

PROVIDER:
Ann Becker, MD

Urodynamics Referral Form

Date: _____

Patient Name: First _____ Last _____ MI _____

DOB: _____ Phone: _____

Reason: Frequency/urgency/OAB Urge incontinence Stress incontinence
 Mixed incontinence Neurogenic bladder Urinary retention

Indications for procedure/HPI/pertinent medical and surgical history (please attach office note):

Degree of incontinence (# of pads/day, fecal incontinence or h/o constipation, urge vs. stress):

Previous interventions:

Pertinent medications:

Neurologic history:

Ambulatory status: ambulatory wheelchair assistive device stretcher

Using the phone and fax numbers from the top of this form, please call for an appointment or fax this request to our office (along with appropriate records, notes, lab results, insurance info where applicable). Thank you for your referral. To download this form electronically, visit wakemedphysicians.com and click on "Referring Providers."