

**WakeMed North Healthplex**  
10010 Falls of Neuse Road, Suite 105  
Raleigh, NC 27614  
Phone: 919-350-1570  
Fax: 919-350-1606

**WakeMed Garner Healthplex**  
400 U.S. Hwy 70E, Suite 202  
Garner, NC 27529  
Phone: 919-350-7330  
Fax: 919-350-9809

**WakeMed Raleigh Campus**  
Andrews Center  
3024 New Bern Avenue, Suite 102  
Raleigh, NC 27610  
Phone: 919-350-7251  
Fax: 919-350-9809

**WakeMed Raleigh Medical Park**  
23 Sunnybrook Road, Suite 310  
Raleigh, NC 27610  
Phone: 919-526-1717  
Fax: 919-790-0108

**Cary Medical Park**  
218 Ashville Avenue, Suite 10  
Cary, NC 27518  
Phone: 919-576-2330  
Fax: 919-854-7842

**PROVIDERS:** (Please check if referring to a specific provider.)

- Ann Becker, MD
- Sam Chawla, MD
- Ajay Sidhu, MD
- Ian Udell, MD
- Karina Jordan, PA-C
- Next available appointment

**PROVIDERS:** (Please check if referring to a specific provider.)

- Ann Becker, MD
- Robert Matthews, MD
- Matthew Lyons, MD
- Next available appointment

**PROVIDERS:** (Please check if referring to a specific provider.)

- Sam Chawla, MD
- Ajay Sidhu, MD
- Next available appointment

**PROVIDERS:** (Please check if referring to a specific provider.)

- Carmin Kalorin, MD
- Matthew Lyons, MD
- Ajay Sidhu, MD
- Ian Udell, MD
- Aimee Dickey, PA-C
- Next available appointment

**PROVIDERS:** (Please check if referring to a specific provider.)

- Scott Lisson, MD
- Brandon Rubens, MD
- Next available appointment

## REQUEST FOR CONSULTATION

### PATIENT DEMOGRAPHIC INFORMATION

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F Race: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (Please circle preferred number) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Does patient/family need an interpreter?  No  Yes If yes, please specify language \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Name: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Policyholder's Date of Birth: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Medicaid Authorization NPI: \_\_\_\_\_ Authorized Number of Visits: \_\_\_\_\_

### REFERRAL INFORMATION

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Pertinent History: \_\_\_\_\_

\_\_\_\_\_

Symptoms: \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

Name: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

**Please include with referral (all that are applicable)**

- History/Office Notes
- Labs
- Imaging Studies (patient should bring films or CD)
- Other pertinent medical records

***Thank you for referring your patient to WakeMed - Urology***