WakeMed Urology: *(Please check specific practice for referral)*

- ☐ Cary | Phone 919-350-1570 | Fax 919-854-7842
- ☐ Fuquay-Varina Medical Park | Phone 919-350-1570 | Fax 919-235-1067
- ☐ Garner | Phone 919-350-1570 | Fax 919-350-9809
- ☐ Morrisville | Phone 919-350-1570 | Fax 919-341-3028
- ☐ North Raleigh | Phone 919-350-1570 | Fax 919-350-1606
- ☐ Oberlin | Phone 919-350-1570 | Fax 919-235-1332
- ☐ Raleigh Medical Park | Phone 919-350-1570 | Fax 919-790-0108
- ☐ Wake Forest Medical Park | Phone 919-350-1570 | Fax 919-341-3588

Please visit www.wakemed.org/wakemed-physician-practices/specialties/urology for provider information and practice address.

If you want this patient scheduled with a specific provider, please note with whom: _____

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