

FEMALE UROLOGY

O F N A S H V I L L E

Abel · Allen · Scarpero

PATIENT CONSULTATION REQUEST FORM

Marcy Abel, MD

Tara Allen, MD

Harriette Scarpero, MD

(Please check if there is a preferred physician)

Today's Date: _____

Referring Physician: _____

Physician Phone: _____ Physician Fax: _____

Dear Female Urology of Nashville,

I am seeking your consultation on

Patient Name: _____

SSN: _____ DOB: _____

for the following urologic condition(s):

Overactive Bladder Hydronephrosis Pelvic Pain Cosmetic Urology

Urinary Incontinence Kidney Stones Sexual Dysfunction

Vaginal Prolapse Recurrent UTIs Fecal Incontinence

Urinary Retention Hematuria Vaginal Wellness

Other: _____

FOR URGENT CONSULTS, PLEASE CALL PHYSICIAN AT 615.678.5544

A copy of this consultation request should be filed in the medical record of both the originating physician and the consulting physician. If this is a verbal request, a copy of this form should be faxed to the originating physician.

Appointment Date: _____ Appointment Time: _____

Documentation Required (please fax with this form):

Recent/relevant clinical notes/test results, (i.e. H&P, Imaging reports, Labs)

Proof of insurance

Demographics (i.e. Address, Contact Info)

Fax completed form to Female Urology of Nashville at 615.577.3082