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DATE COLLECTED

UROLOGY

REFERRED BY

[Empty box for Referring Physician Name]

- BILL INSURANCE BILL PATIENT
 BILL MEDICARE BILL MEDICAL

Copies to additional physician (print full name):

PATIENT INFORMATION

LAST NAME FIRST NAME INITIAL
 ADDRESS
 CITY STATE ZIP REQUIRED
 SOCIAL SECURITY NUMBER AREA CODE PHONE

AGE SEX (M/F) BIRTH DATE

ATTACH P.O.E. STICKER

(Please send photocopy of insurance card, both sides.)

Clinical History/Special Instructions:

MEDICAL RECORD #

RESPONSIBLE PARTY
 INSURANCE CO. NAME GROUP NO.
 INSURANCE CO. ADDRESS POLICY NO.

ICD-9 Codes Diagnosis/Signs/Symptoms

For your convenience, a partial list of common diagnoses follows. For a complete listing of all ICD-9 codes, refer to a current version of the ICD-9-CM book. All diagnoses should be provided by the ordering physician or his/her authorized designee.

Prostate-ICD-9 Codes:

- Elevated PSA (790.93) Hx of Prostate Cancer (V 10.46)
 Uncertain Neoplasm Prostate (236.5) Other: _____
 Malignant Neoplasm of Prostate (185)
 Hyperplasia of Prostate (600.90)

Bladder- ICD-9 Codes:

- Hematuria, Unspecified (599.70) Irritable bladder (596.8)
 Gross Hematuria (599.71) Malignant Neoplasm of Bladder (188.9)
 Microscopic Hematuria (599.72)
 Hx of Bladder Cancer (V10.51) Other: _____

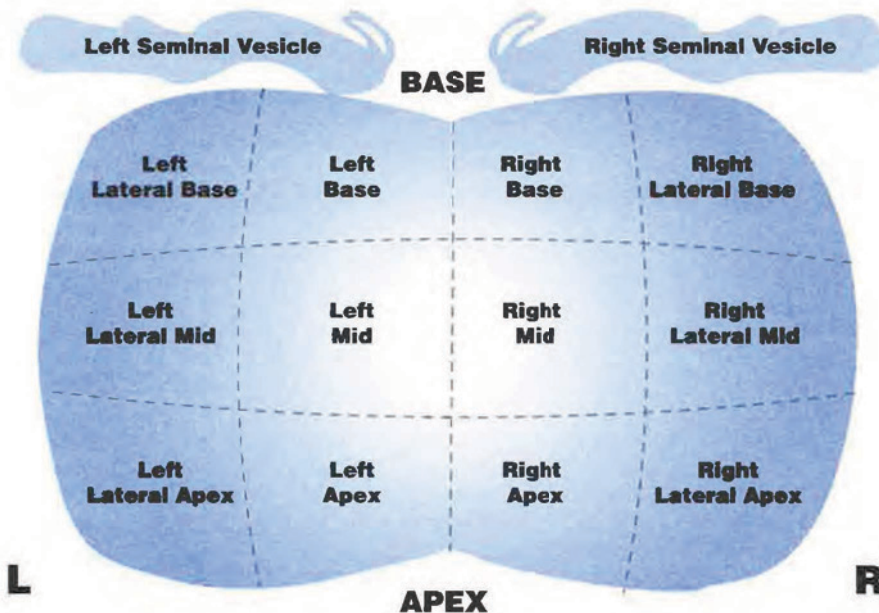
Specimen Type: Urine Cytology Source: Specimens (other than prostate, list below):

- Prostate Bx
 Vas Deferens
 Urine Cytology
 UroVysion
 Other: _____
- Voiced Urine
 Cath Urine
 Other: _____

1. _____
 2. _____
 3. _____
 4. _____

Clinical Information

PSA _____ ng/ml
 % Free PSA _____



- L SEM VESICLE R SEM VESICLE
 L LAT BASE R LAT BASE
 L LAT MID R LAT MID
 L LAT APEX R LAT APEX
 L BASE R BASE
 L MID R MID
 L APEX R APEX
 L SEM ZONE R SEM ZONE
 OTHER OTHER