

Physician's Signature:

REFERRING TO:

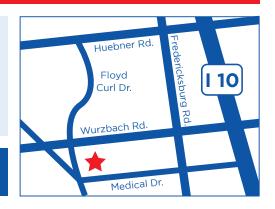
☐ ANDREW J. MARKS, MD, FRCSC. NPI# 1679702377	☐ JUAN C. PRIETO, MD NPI# 1609071489
GAAYANA A. RAJU, MD, FRCSC.	☐ FIRST AVAILABLE

ORDERING PHYS	ICIAN:		
Physician's Name	:		NPI #:
Address:			
Office Phone:		Office F	-ax:
PATIENT INFORM	1ATION:		
Name:		OOB: _	
Patient Contact F	Phone Number:		
DIAGNOSIS:	 □ Circumcision □ Hernia/Hydrocele □ Phimosis/Foreskin Problems □ UDT (Undescended Testes) □ Varicocele □ Hypospadias/Chordee □ Penile Anomalies □ Neurogenic Bladder, Spina Bifidate □ Urinary Tract Infection 		Urinary Incontinence/Frequency/Urgency Nocturnal Enuresis/Bedwetting Urinary Tract Stones Vesicoureteral Reflux Hydronephrosis UPJ Obstruction (Ureteropelvic Junction) Kidney Stones Kidney Tumors, Cysts, Hematuria Other
PLEASE BRING:	☐ Current Medications ☐ Lab Res	sults	☐ Radiology Reports ☐ Imaging Disc/CD
Insurance Provide	er:		
Authorization #:			

Please fax patient's demographics, progress notes and diagnostic test results to (210) 615-1601.

4499 MEDICAL DRIVE, SUITE 360 SAN ANTONIO, TEXAS 78229

PHONE (210) 615-1600 FAX (210) 615-1601



Date: