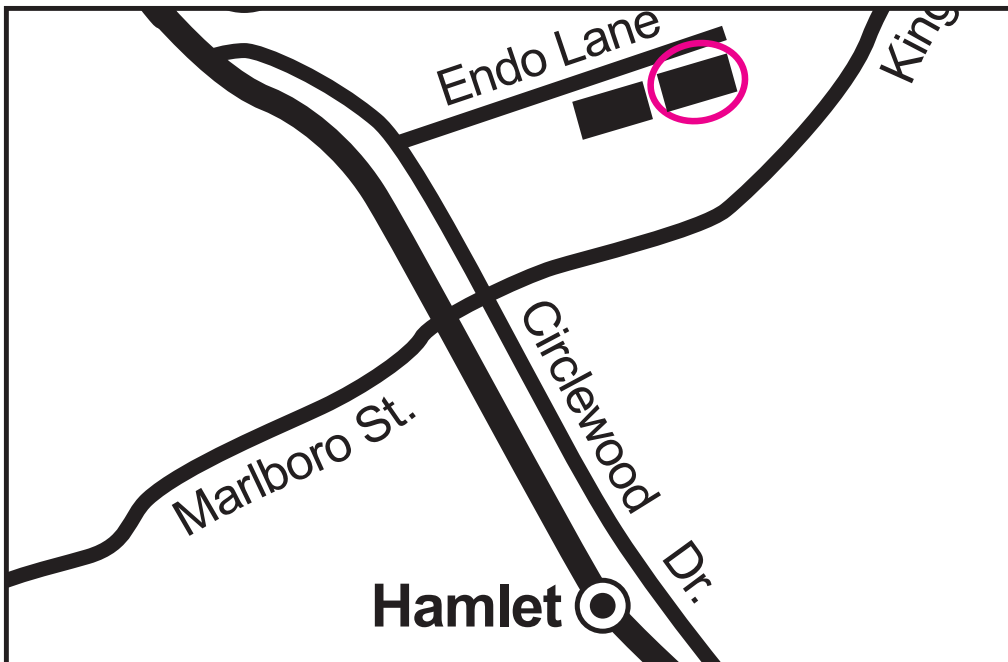


Pelvic Floor Disorders: Urogynecology

FirstHealth Urogynecology offers a board certified urogynecologist for the evaluation and management of pelvic floor disorders including urinary and fecal incontinence, pelvic organ prolapse, chronic pelvic pain, and management of vesicovaginal and rectovaginal fistulas. Urogynecology offers a full range of services including education, diagnostic and support services including on site urodynamic testing, pelvic floor therapy, endoanal ultrasound, anal manometry and cystoscopy.

Urogynecology Services Available

- Management of pelvic organ prolapse including pessary fitting and minimally invasive pelvic organ prolapse reconstructive surgery
- Advanced surgical management for chronic pelvic pain, urinary and fecal incontinence
- Administration and management of pelvic floor physical therapy
- Intradetrusor Botox treatment for overactive bladder
- Advanced minimally invasive surgery for urinary incontinence
- Management of chronic pelvic pain and interstitial cystitis
- Evaluation and management of fecal incontinence
- Surgical correction of rectovaginal and vesicovaginal fistulas



FirstHealth Urogynecology
108 Endo Lane • Suite I • Hamlet, NC 28345
(910) 205-8909

Pelvic Floor Disorders: Urogynecology

To refer patients for a consult, call (910) 205-8909. Please give the patient a copy of this referral form. Please fax this completed form to (910) 205-8952.

Please provide the following patient information:

- Any diagnostic imaging that has been obtained related to the diagnosis in question (please send reports plus a disk or films if not in the FirstHealth PACS system)
- All pathology reports from any biopsies or surgeries
- Office notes including pertinent history, trialed treatment or interventions
- All laboratory testing obtained thus far, including prior results, if available, for the tests that are now abnormal
- Demographics sheet with accurate address, phone numbers and copy of insurance cards
- A complete listing of current and past medications

Consult Form

Date _____ Appt Date/Time Given _____

Contact Person _____

Phone # _____ Fax# _____

Pt Name _____ DOB _____

Med Rec # _____ Rm# _____

Referring M.D. _____

Phone/Beeper# _____ Fax# _____

Address _____

Primary M.D. _____

Phone/Beeper# _____ Fax# _____

Surgeon _____

Phone/Beeper# _____ Fax# _____

Type of Insurance _____ Policy# _____

Referral Required/Referral# _____

If New Patient:

Address _____ Phone# _____

Diagnosis _____ Diagnosis Code _____