

# Urology

## Lee County

Urology is a medical specialty concerned with the diagnosis and treatment of patients with disorders affecting the male and female urinary tract as well as the male genital and reproductive system.

At FirstHealth Urology, our board certified urologists provide treatment and management for a wide variety of urological conditions to include:

- Bladder Cancer
- Prostate Cancer
- Kidney Cancer
- Testicular Cancer
- Penile Cancer
- Diseases of the Prostate
- Benign Prostatic Hyperplasia (BPH)
- Kidney, Ureteral and Bladder Stones
- Erectile Dysfunction
- Infertility
- Incontinence
- Urinary Frequency and/or Urgency
- Urinary Tract Infections



Manlio A. Goetzl, M.D.  
Pinehurst Surgical Clinic



Bernard M. Stanfield, M.D.  
Pinehurst Surgical Clinic

FirstHealth Urology services provided by Pinehurst Surgical Clinic

### **Pinehurst Surgical Clinic**

(919) 895-6340 • Fax (910) 215-3081

Address: 2919 Beechtree Drive, Suite 2100  
Sanford, NC 27330



# Urology

## Referral/Consultation Verification

FirstHealth Urology

2919 Beechtree Drive, Suite 2100, Sanford, NC 27330 • (919) 895-6340

Patient's Address: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

\_\_\_\_\_ Patient's Alt. Phone Number: \_\_\_\_\_

\_\_\_\_\_ Patient's Email: \_\_\_\_\_

Patient's Insurance \_\_\_\_\_ Insurance Authorization #: \_\_\_\_\_

Male  Female

Appointment Information Needed:

Nature of Problem: \_\_\_\_\_

Labs, xrays, test performed?  Yes  No

If yes, what type? \_\_\_\_\_

Urgency of Appointment:  Urgent/Emergent  Routine Referral

Referring Physician Name: \_\_\_\_\_

Telephone number where we may contact you: \_\_\_\_\_

Appointment referral confirmation fax number: \_\_\_\_\_

Requested Provider/Dept.: \_\_\_\_\_

Requested Location: \_\_\_\_\_

**If requested provider is unavailable, may we schedule patient for 1st available provider:**

Yes  No

Consult:   
Opinion or advice sought on patient diagnosis/condition/treatment  
Diagnostic or therapeutic treatment may be initiated subsequent to opinion

Referral:   
Transfer of care for management of patient  
(total care or transfer of care for specified diagnosis/condition/signs & symptoms)

Referring Provider Contact

Scheduler Name \_\_\_\_\_

Telephone \_\_\_\_\_

**Fax Completed Referral Form to 910-235-2734 or 910-215-3081**