Urology

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

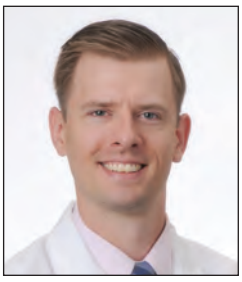
Robert J. Chamberlain, M.D.

Manlio A. Goetzl, M.D.

Greg L. Griewe, M.D.

Antonios Z. Karamalegos, M.D.

John R. Michalak, M.D.



Joshua P. Sesek, M.D.

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3716 Morganton Road
Fayetteville, NC 28303
(910) 302-8026 • Fax (910) 420-1992

FirstHealth OF THE CAROLINAS

Physician services under contract with

PINEHURST SURGICAL CLINIC

475-15-23

Urology

Referral/Consultation Verification

FirstHealth Urology
2919 Beechtree Drive, Suite 2300, NC 27330 • (919) 895-6340
3716 Morganton Road, Fayetteville, NC 28303 • (910) 302-8026

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) 215-3123