OREGON UROLOGY INSTITUTE

Phone 541.334.3350 www.oregonurology.com Fax 541.343.3459

Please use this FILLABLE REFERRAL FORM as a coversheet in order to avoid delay

Electronic Submission via: ouireception@nwspecialtyclinics.direct-ci.net

URGENT: ○ Yes ○ No

Preferred Provider If no provider is selected, patient will be scheduled with next available provider

- ○ Dawn Bodell, DO
- ○ Beth Braddock, PA-C
- ○ Mark Carson, MD
- ○ Cameron Derbyshire, PA-C
- ○ Connie DiMarco, MD
- ○ David DiMarco, MD
- ○ David Esrig, MD
- ○ Genoa Ferguson, MD
- ○ Joseph Harp, PA-C
- ○ Douglas Hoff, MD
- ○ Chad Jorgensen, PA-C
- ○ Thomas Kollmorgen, MD
- ○ Kevin Krughoff, MD
- ○ Christopher Kyle, MD
- ○ Jessica Lloyd, MD
- ○ Bryan Mehlhaff, MD
- ○ Roger McKimmy, MD
- ○ Brady Walker, MD
- ○ Victoria Waltz, PA-C
- ○ Angie Watson, PA-C
- ○ Mark Wells, PA-C
- ○ Jeffrey Woolsey, MD

Patient Name: _____ DOB: _____ Sex: _____

Guardian Name (if applicable):

_____

Address:

_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address:

_____

Patient preferred contact number: ○ Home ○ Cell ○ Work

Referring Provider: _____ Address: _____

Phone: _____ Fax: _____ Email Address: _____

Reason for Referral (condition/s);

ICD-10 Code: _____

Location Preferred:

○ 2400 Hartman Lane
Springfield, OR 97477

○ 1441 7th Street
Florence, OR 97439

○ 2550 NW Edenbower Blvd, Ste 102
Roseburg, OR 97471

Primary Insurance: _____ Group#_____ Policy#_____

Subscriber Name: _____ Referral required? ○ Yes ○ No

Secondary Insurance: _____ Group#_____ Policy#_____

Subscriber Name: _____ Referral required? ○ Yes ○ No

Please note: Complete this form when referring patients to Oregon Urology Institute to ensure timely processing of your referral request. ONLY include urologic chart notes, labs, imaging and hospital records.

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