



CONSULTATION/REFERRAL FORM

MAIN LOCATIONS

Austin Central 1301 West 38th Street Ste 200 Austin, TX 78705 Phone: (512) 477-5905 Fax: (512) 477-8640 <i>Drs. Baker, Kocurek, McClelland, Singh, Putzi (Pathology)</i>	Austin Center for Radiation Oncology 1020 West 34th Street Austin, TX 78705 Phone: (512) 687-1950 Fax: (512) 687-1490 <i>Dr. Garza (Radiation Oncologist)</i>	Austin South Office #1 4207 James Casey Ste 107 Austin, TX 78745 Phone: (512) 416-0444 Fax: (512) 442-2533 <i>Drs. Floyd, Le, Pickett & Ruff</i>	Austin South Office #2 4007 James Casey Ste C-150 Austin, TX 78745 Phone: (512) 443-5988 Fax: (512) 443-5055 <i>Drs. Floyd, Northway, Phillips & Williamson</i>
Georgetown 1900 Scenic Dr #2222 Georgetown, TX 78626 Phone: (512) 248-2200 Fax: (512) 248-1950	Lakeway 200 Medical Pkwy Ste 350 Lakeway, TX 78738 Phone: (512) 263-0300 <i>Dr. Desireddi</i>	Marble Falls 1701 Hwy 281 N Marble Falls, TX 78654 Phone: (512) 443-5988 Fax: (512) 443-5055	Round Rock 16040 Park Valley Drive Building A - Suite 111 Round Rock, TX 78681 Phone: (512) 248-2200 Fax: (512) 248-1950 <i>Drs. Bischoff, Bruce, Cuellar, Desireddi, Freidberg, Maloney, Bonsall APRN, CNS & Hunter RN</i>

SATELLITE LOCATIONS

Bastrop 441 Hwy 71 W #G Bastrop, TX 78602 Phone: (512) 416-0444 Fax: (512) 442-2523	LaGrange St. Mark's Medical Center Two St. Mark's Place, Ste 110 LaGrange, TX 78945 Phone: (512) 416-0444 Fax: (512) 442-2533	Lampasas 207 W Ave E Lampasas, TX 76550 Phone: (512) 248-2200 Fax: (512) 248-1950	Lockhart 1005 W San Antonio Lockhart, TX 78644 Phone: (512) 443-5988 Fax: (512) 443-5055	Luling 130 Hays St Luling, TX 78648 Phone: (512) 443-5988 Fax: (512) 443-5055
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Brett W. Baker, M.D.	David W. Freidberg, M.D., F.A.C.S.	Ngoc-Bich "Nikki" Le, M.D.	Mathew J. Putzi, M.D. (Path)
Carl J. Bischoff, M.D.	Richard Garza, M.D. (Rad. Onc.)	Shaun A. Maloney, M.D.	Peter A. Ruff, M.D.
R. Grady Bruce, M.D.	David Greenwell, M.D.	Michael L. McClelland Jr., M.D.	Herb Singh, M.D.
Naresh V. Desireddi, M.D.	Jeffrey N. Kocurek, M.D.	Robert O. Northway III, M.D.	John C. Williamson, M.D.
David C. Cuellar, M.D.		David L. Phillips, M.D.	Diane Bonsall, M.S.N., A.P.R.N., A.C.N.S., B.C.
Michael K. Floyd, M.D.		Steven H. Pickett, M.D., Ph.D.	Colleen Hunter-Gaudreau, M.S.N., R.N., N.P.C.

Patient Name: _____

To Urology Austin: Dr. _____

- Problems:
- | | |
|--|--|
| <input type="checkbox"/> BPH/ENLARGED PROSTATE | <input type="checkbox"/> LOW TESTOSTERONE |
| <input type="checkbox"/> ELEVATED PSA | <input type="checkbox"/> PELVIC PROLAPSE |
| <input type="checkbox"/> ERECTILE DYSFUNCTION | <input type="checkbox"/> RENAL/BLADDER MASS |
| <input type="checkbox"/> HEMATURIA | <input type="checkbox"/> URINARY TRACT INFECTION |
| <input type="checkbox"/> INCONTINENCE/
OVERACTIVE BLADDER | <input type="checkbox"/> UROLOGIC CANCER |
| <input type="checkbox"/> INFERTILITY | <input type="checkbox"/> VASECTOMY |
| <input type="checkbox"/> KIDNEY STONES | <input type="checkbox"/> VOIDING PROBLEMS |
| | <input type="checkbox"/> PHYSICAL THERAPY |

Other: _____

Referring Physician: _____

Referring Physician Phone Number: _____

*Treatment Options will be determined by Urology Austin Physicians.

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