



Urology of Indiana

REFERRAL ORDER FOR UROLOGIC SERVICES

Date: _____

Ordering Physician: _____

Office Phone: _____

Office Fax: _____

To make a referral, please complete the following information and fax form to 317-807-0140. We will contact your patient to schedule an appointment, and we will notify you of the date and time.

PLEASE FAX PERTINENT PATIENT MEDICAL RECORDS AND A COPY OF THE INSURANCE CARD TO EXPEDITE THE PROCESS.

PATIENT INFORMATION

Name: _____ Date of Birth: _____

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

Diagnosis or Symptoms: _____

REASON FOR REFERRAL

Consultation Evaluation Diagnosis Treatment Procedure

Procedure Only:

Vasectomy Other _____

APPOINTMENT

First Available Appointment First Available MD MD Checked Below

UROLOGISTS

- Robert A. Batler, MD
- Teresa D. Beam, MD
- Richard M. Bennett, III, MD
- Glen A. Brunk, MD
- Scott B. Farnham, MD
- Theodore F. Holland, MD
- David W. Hollensbe, MD
- W. Terry Jones, MD
- Peter M. Knapp, MD
- Jason R. Kovac, MD
- Michael C. Large, MD
- Aaron T. Ludwig, MD
- Chris A. Magee, MD
- Benjamin G. Martin, MD
- Andrew E. Moore, MD
- Kenneth G. Ney, MD
- Bradley G. Orris, MD
- Scott C. Pike, MD
- John C. Ramsey, MD

UROLOGISTS

- James T. Raybourn, III, MD
- Daniel B. Salvas, MD
- David M. Scheidler, MD
- John K. Schlueter, MD
- C. William Schwab, II, MD
- John W. Scott, MD
- William L. Shirrell, MD
- Jason K. Sprunger, MD
- David B. Stuhldreher, MD
- Ronald S. Suh, MD
- Samuel T. Thompson, MD
- Jeffery D. Vaught, MD
- Gregory R. Wahle, MD

UROGYNECOLOGISTS

- Kathryn A. Copeland, MD
- Sara Diaz, MD
- Martina F. Mutone, MD
- Sameena J. Rao, MD
- Brent A. Suozzi, MD

If you want a confirmation, check here

Your patient is scheduled for an appointment, as follows.

Date: _____ Time: _____ Location: _____

Physician: _____ Scheduler: _____