UROLOGY REFERRAL FORM

To (please check which urologist, send to corresponding fax number):
- DR ASHIS CHAWLA Fax: (416) 767-0992
- DR UMESH JAIN Fax: (416) 767-0992
- DR ANTHONY MCLEAN Fax: (416) 767-2403
- DR ALFONSO MARCUZZI/DR HANMU YAN Fax: (416) 767-2403

Our Website/Contact: twurology.com

REASON FOR REFERRAL: Please check

<table>
<thead>
<tr>
<th>UROLOGIC CANCERS: kidney/bladder/testes/penile</th>
<th>BPH or high PSA</th>
<th>Bladder problems: overactive bladder, incontinence</th>
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</thead>
<tbody>
<tr>
<td>Kidney stone, Hydronephrosis</td>
<td>Circumcision, scrotal masses</td>
<td>Recurrent UTI</td>
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<tr>
<td>Hematuria</td>
<td>Pediatrics: undescended testes, phimosis</td>
<td>Erectile dysfunction, Peyronie’s</td>
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</tbody>
</table>

Other: ____________________________________________________________________________________________________

URGENCY

- ASAP (please call office, within 1-3 days)
- URGENT – 2 weeks
- ELECTIVE

PATIENT DEMOGRAPHICS

SPECIFY REASON:

REFERRAL MD INFORMATION/Billing #: