



# UNITED HOSPITAL CENTER

## UHC Urology

135 Professional Place  
Bridgeport, WV 26330  
681.342.3595 Phone  
681.342.3598 FAX

Other Convenient Locations:  
UHC Urology at Buckhannon  
UHC Urology at Weston

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## REFERRAL/CONSULTATION FORM

Please complete all sections of this form and FAX it to: (681) 342-3598

Referring Provider: \_\_\_\_\_ Referring Office Name: \_\_\_\_\_

Referring Provider Phone #: \_\_\_\_\_ Office FAX #: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Patient's SSN: \_\_\_\_\_

Patient's Name (F,MI,L): \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Patient's Phone #: \_\_\_\_\_

Patient's Insurance/Auth #'s: \_\_\_\_\_

Reason for Referral (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please Note:

- We must have PSA's for all males over the age of 50. Please send the most recent Serum PSA on file.
- Please FAX any pertinent X-Ray or Lab reports along with this form.
- We will notify the patient by mail or phone of appointment time and date.

**Thank you for your referral. Please do not hesitate to call us with any questions or concerns.**

Office Use Only	
Provider:	_____
EPIC MRN:	_____
Appointment Date:	_____
Appointment Time:	_____