

(808) 932-3940 Option #3 | (808) 969-1020 (Fax)

New Patient Referral Guidelines

General Requirements for All Urology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous urology records if seen by another provider
- Elevated PSA referrals require most recent PSA level (within 3 months of referral)
- Kidney Stones, Bladder Mass & Renal Mall referrals require updated imaging to be sent (completed within the last 6 months)
- It is recommended that patients with BPH trial an alpha adrenergic antagonist medication prior to being referred
- All STAT requests require a peer-to-peer conversation

Diagnosis Specific Requirements

Bladder Cancer		Prostate Cancer	
□ Patl	hology confirmation of disease		Pathology confirmation of disease
☐ Pric	or surgical reports		Prior surgical reports
☐ Trea	atment and/or specialists reports		Treatment and/or specialists report
□ B12	Levels		All PSA from the past 2 years
Suspected Kidney Stone		Sus	pected Hematuria
(Please submit at least one of the imaging below)		<u> </u>	beeted Hemataria
·	3 X-ray		Urinalysis complete with microscopic exam
☐ Spir	ral CT KUB; CT Abdomen/Pelvis		CT hematuria protocol if RBC > 2/HPF
Ret	roperitoneal ultrasound complete		ESR