

Duke Urology Referral Form | Benign Adult Urology



Fax: 919-613-2377

Please fax completed form and include ALL UROLOGY RECORDS (pertinent notes, procedures, pathology reports, and labs). Upload all imaging to PowerShare. Patients MAY NOT be scheduled without complete form & requested materials.

Referring Provider Information

Referring Provider Name:		Date:
Hospital/Facility Name:	Provider Specialty:	
Office Address:		
Office Phone:	Office Fax:	Office Contact Name:

Patient Information *Please provide a copy of insurance card front and back*

Patient Name:		Date of Birth:
Address:		
Home Phone:	Mobile Phone:	Email:
Primary Insurance:		Member ID#:
Secondary Insurance:		Member ID#:

Duke Urology does not see patients for the following diagnoses:

- Buried penis
- Cancer (Adrenal, Bladder, Kidney, Penile, Prostate, Testis) *
- Female voiding concerns **
- Neurogenic bladder
- Pelvic floor prolapse**

* Contact GU Oncology | Fax# (919) 668-0225

** Contact Urogynecology | Fax# (919) 668-2747

Reason for Urology Referral

- If this is a referral specifically for consideration of a **surgical procedure**, please check here in addition to providing the diagnosis: _____

BPH/Male Voiding Symptoms

- Bladder diverticulum
- Bladder stones
- Medical management BPH/LUTSx
- Surgical management BPH/LUTSx

Cancer Screening

- Blood in the urine/hematuria
- Elevated PSA \leq 10ng/dL
- Elevated PSA $>$ 10ng/dL

Endourology & Kidney Stones

- Metabolic evaluation for kidney stone prevention
- Stone(s) in kidney $<$ 2cm
- Stone(s) in kidney \geq 2cm or staghorn
- Stone(s) in ureter
- Ureteral stricture/ureteropelvic junction obstruction



Male Reconstructive Urology*

**We currently do not accept referrals for low testosterone/hypogonadism.*

**Patients referred for penile injections or penile prosthesis must have failed oral medicine for ED or have a contraindication to oral medicines for ED.*

- Artificial Urinary Sphincter (AUS) placement
- Penile injections for ED
- Penile prosthesis for ED
- Peyronie’s Disease
- Urethral stricture

Scrotal/Male Genital Conditions*

**To prevent delay in treatment, we do not accept referrals for ambiguous conditions such as “scrotal mass,” or “testis enlargement.” Providers should obtain appropriate imaging if the diagnosis is unknown.*

- Hydrocele
- Phimosis
- Varicocele
- Vasectomy evaluation

Other/Misc. Reason for Referral + ICD-10 (required)

- Male Infertility
- Renal Cyst (not polycystic renal disease)
- Urodynamics
