

Michael Matteucci, M.D.
William Mauch, M.D.
Ryan Payne, M.D.
JuliAnne Rathbun, M.D.
Brian Smith, M.D.
Julia Jennings, APRN-BC



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REQUEST FOR CONSULTATION/REFERRAL

If you wish to request a certain physician, please circle below, otherwise patient will be scheduled with the first available provider:

Michael Matteucci, M.D.
JuliAnne Rathbun, M.D.

William Mauch, M.D.
Brian Smith, M.D.

Ryan Payne, M.D.
No Preference

Patient Name: _____

DOB: _____

Referring Doctor: _____

Diagnosis: _____

Our Physicians require records to review for consultation/referral. Please provide the following records:

- Patient Demographics, including Insurance Information
- Most Recent Imaging Reports: Images need to be clouded to Salina Regional if possible
- Most Recent Referring Physician Office Notes
- Most Recent Lab Report (especially Urinalysis/Cultures and PSA if available)
- Current Medications List

Please fax requested information to (785) 827-6697 Attn: New Patient Coordinator

Once all records are received our office will contact the patient within 7 days. We will make two attempts to contact the patient. If we are unable to reach the patient, referral/records will be discarded, and notification will be made to the referring physician's office. If we are successful in contacting the patient and scheduling an appointment, we will fax appointment information to your office.