

SALINA UROLOGY ASSOCIATES, P.A.
PRACTICE LIMITED TO UROLOGY
SANTA FE MEDICAL PLAZA • 501 S. Santa Fe • Suite 380
Salina, Kansas 67401
785-827-9635 Fax# 785-827-6697

Request for Consultation
If you wish to request a physician please circle below:

William D. Mauch, M.D., F.A.C.S.,
Brian G. Smith, M.D., Ryan A. Payne, M.D.
Michael Matteucci, M.D. Julianne Rathbun, M.D.

Current Facility/Provider: _____

Fax # of Referring Provider: _____

Patient Name: _____ DOB: _____

****REASON FOR PATIENT CONSULTATION****

DLAGNOSIS: _____

Our physicians **REQUIRE** records for review prior to an appointment being scheduled.
Please provide the following records:

- Patient Demographics
- Insurance Information (we prefer copy of insurance card front & back)
- Most Recent Imaging Reports; **Images should be clouded to Salina Regional**
- Most Recent Physician Dictations
- Most Recent Lab Reports
- Current Rx List

Please fax the requested records to: 785-827-6697

We appreciate your business and look forward to serving you. Once the records have been received and reviewed, **our office** will contact the patient to schedule an appointment.

Please do not hesitate to contact us at 785-827-9635, if we may be of assistance to you at any time during this process.

OFFICE USE ONLY

Appointment made with: Dr. _____

Date/Time: _____ Patient Notified:

Sincerely,
Salina Urology Associates, P.A.