

Adult Urology Referral Fax Cover Sheet

TO: (Please check beside the desired location) ☐ UNC Hospitals Urology Services located at: ☐ UNC Medical Center: 984-974-5289 (Fax) / 984-974-1315 (Phone) ☐ Carolina Point I (CP I): 984-974-5289 (Fax) / 984-974-1315 (Phone) □ NC Cancer Hospital: 919-843-5016 (Fax) / 984-974-8235 (Phone) ☐ UNC Urology at Hillsborough: 919-595-5668 (Fax) / 919-595-5927 (Phone) ☐ UNC Urology at Siler City: 919-799-4051 (Fax) / 919-799-4050 (Phone) FROM: Practice: Phone #: _____ Fax #: _____ # of Pages (including cover pages): _____ Patient Name: Patient Preferred Phone Number: Patient DOB: _____ Patient MRN: (Please provide UNC MR Number (MRN) if patient has been seen here before. If he/she

UNC Health Care has an online referral portal, UNC CareLink!

doesn't have one, we can register the patient at the time we schedule the appointment

Enroll online at http://unccarelink.org/

Questions? Email unccarelink@unchealth.unc.edu or Call the Carolina Consultation Center at (800) 862-6264.

	on for Referral: Kidney Stones	
	Hematuria (Blood in Urine)	
	Urinary Incontinence	
	Erectile Dysfunction	
	Benign Prostatic Hyperplasia (BPH)/Enlarged Prostate)	
	Vasectomy	
	Hernia Repair	
	Bladder Infection	
	Urinary Tract Infections	
	Elevated PSA	
	Suspected Cancer (please specify)	
	Other (please specify)	
Referring Physician Name:		
Referring Physician Practice:		
Contact Person (person completing this form):		
Insurance Information:		
	Private Insurance (please specify):	
	Medicare (please specify, if supplement):	
	Medicaid	
	Self-Pay	

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