Print Form

METRO UROLOGY

Appointment Scheduling Request Form

Main Number: 651-999-6800
Scheduling Number: 651-999-6811

Please complete the following information when requesting an appointment by fax. Please check the box of your location preference and fax your request to the attention of: **Appointment Scheduling**. Thank you for your cooperation in providing the information below.

☐ **Fridley**
Fax: 651-999-6832

☐ **Maplewood**
Fax: 651-999-6831

☐ **Plymouth**
Fax: 651-999-6834

☐ **St Paul 400**
Fax: 651-999-6910

☐ **Woodbury**
Fax: 651-999-6995

Patients Name: _____ **Male** ☐ **Female** ☐

Date of Birth: _____ **Soc. Sec. #:** _____

Responsible Party: (If Patient is a Child) _____ **Male** ☐ **Female** ☐

Responsible Party's Date of Birth: _____

Address: _____

City, State: _____

Zip Code: _____

Phone: ***Home:*** _____ ***Work:*** _____

Referring Doctor: _____

Clinic Name: _____ **Phone:** _____

Clinic Contact: _____ **Fax:** _____

Interpreter Needed? ☐ **Yes** ☐ **No** **If Yes, what language?** _____

Urology Diagnosis: _____

Urology Films Completed:

Date: _____ ***Facility:*** _____

Type of films: _____

Insurance Name: _____

Insurance Numbers: ***ID#:*** _____

Group#: _____

*** ***Referring clinic must contact the patient with the appointment information***

Appointment Date: _____ **Time:** _____

Location: _____ **Physician:** _____