

UROLOGY REFERRALS

Thank you for choosing St. Peter's Health Medical Group Urology! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-495-6825.**

Please let us know the reason for your referral:

Please determine scheduling priority:

- Urgent (*within 1-2 weeks*)
- Routine (*within 3-5 weeks*)

We request the following supporting documents, if they exist:

- CT(s) or X-ray(s) done outside of St. Peter's Health (images in hardcopy disk or pushed to our system)
- Relevant laboratory results
- Recent office notes
- Patient demographic information

Please push all images to PACs at St. Peter's Health or mail hard copy disk. Our physicians will review all documents and imaging once received, and your patient will be called to schedule an appointment.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Urology