



UROLOGY
SPECIALISTS
of Georgia

Great News!!!!

Referrals have a direct fax line.

Referral Fax: 478-803-7243

We also receive using P2P!



Dear Doctors,

We now have a referral line that is **ONLY FOR REFERRALS**. Please fax any referrals and needed information to **478-803-7243**. We are also part of the **P2P** so you can send information that way also.

Please note the referral form that our doctors would like to be used on each new referral as it contains all information needed to put the patient into the system. The second page of the referral shows pertinent information needed in order to give the patient our best care when they come in for their appointment. The last sheet gives the address and directions to our offices in Macon and Warner Robins.

Please note that we have moved from Forsyth Street to **5400 Bowman Road** Macon 31210 (off Bass Road).

If you have any questions, please call 478-745-6576 and ask for Lorraine (x1340).

Please allow at least 48 hours before calling to check up on the status unless it is an urgent referral!

Thank you!

Please shred all old referral forms!!

A.M. Anderson, III, M.D.
Joshua A. Perkel, M.D.
Frank M. Casey, JR., M.D.
Brian T. Geary, M.D.
Jason O. Burnette, M.D., Ph.D.
Samuel P. Robinson, M.D.
Barbara W. Lathrop, NP-C
Lauren A. Adkinson, NP-C
Frieda Underwood, NP-C
Kathleen Cage, NP



5400 Bowman Rd
Macon, GA 31210
Tel: (478) 745-6576
Fax: (478) 803-7243

116 Tommy Stalnaker Dr.
Warner Robins, GA 31088

Referral Form

We would like to thank you for your referral. Please provide us with the following information so that we can process this referral in a timely manner:

- **Insurance Cards (copy of front & back of card)**
- **Last Office Notes**
- **Complete Demographics/Face Sheet**
- **Pertinent Labs & Diagnostics test (please see page 2 for guidelines)**

Our physicians will review the patient's records and our office will contact the patient to schedule the appointment accordingly.

Patient's Name: _____ DOB: _____

SSN: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Referral/Diagnosis: _____

Has the Patient Seen a Previous Urologist: YES NO If yes, which Urologist _____

Date of last urologist visit: _____

****Please note that if patient has seen a previous urologist we will need those records as well****

Referred to: ___ Dr. Anderson ___ Dr. Perkel ___ Dr. Casey ___ Dr. Geary ___ Dr. Burnette
___ Dr. Robinson ___ Barbara Lathrop, NP-C ___ Lauren Adkinson, NP-C ___ First Available Provider

Status: ___ Emergency Patient (please call office) ___ Urgent (within two weeks) ___ Routine

Office Location: ___ Macon ___ Warner Robins

Referring Physician: _____ Office Contact: _____

Phone: () _____ Fax: () _____

Primary Insurance: _____ (please send copy of front & back of card)

Secondary Insurance: _____ (please send copy of front & back of card)

Our office has contacted the patient and the appointment date and time is:

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Kathleen Cage, NP

Referral Form (page 2)

****Below is a list of common diagnoses we receive. Please make sure to send what is needed with the referral to expedite your patient's scheduling.**

****If the patient has seen a previous urologist, has Medicaid, is Self-Pay, or for a 2nd opinion our doctors must review first.**

- **Elevated PSA**
 - 2-3 most recent PSA lab value
- **Hematuria**
 - 2-3 UAs that are (+) for blood
 - Any recent imaging studies (CT scans or Renal Ultrasound)
- **Kidney Stone/ Renal Mass/ Hydronephrosis**
 - Recent imaging report
 - If possible, please arrange for patient to obtain a copy of the study on disc for our MDs to review with the patient if not on MCCG PACS System
- **Recurrent UTIs**
 - 2-3 Documented urine culture
- **Testicular Pain/ Testicle Mass/ Varicocele/ Hydrocele**
 - Scrotal ultrasound report
- **Previous GU cancers (Prostate, Bladder, Renal, Testicular, etc.)**
 - Pathology report
 - Recent imaging
 - Previous urologist office notes/ op notes
- **Former Patient seen by an another Urologist**

➤ Previous urologist office notes/ op notes

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Directions to Macon Office:

Monday- Thursday 8:00-5:00 Friday 8:00-12:00

I-75 Northbound

Take exit 172 to Bass Rd.
Make a left on Bass Rd.
Turn left on Bowman Rd. (next to Publix)
5400 will be on the left (across from Mellow Mushroom)

I-75 Southbound

Take exit 172 to Bass Rd.
Make a right on Bass Rd.
Turn left on Bowman Rd. (next to Publix)
5400 will be on the left (across from Mellow Mushroom)

Directions to Warner Robins Office:

Only open Monday and Thursday 8:00-5:00

I-75

Take exit 146 to Watson Blvd.
Turn east on Watson Blvd. (247 Connector)
Turn right on Margie Dr. (Steak-n-Shake is at this intersection)
Turn right at stop sign this will be Osgian Blvd.
Make first left this will be Tommy Stalnaker Dr.
116 will be on the left, Building A

RAFB

Take Watson Blvd West
Turn left on Margie Dr. (Steak-n-Shake is at this intersection)
Turn right at stop sign this will be Osgian Blvd.
Make first left this will be Tommy Stalnaker Dr.
116 will be on the left, Building A