

## TORONTO WEST UROLOGY REFERRAL FORM

To (please check which urologist, send to corresponding fax number):

- DR ASHIS CHAWLA Fax: (416) 767-0992; [twurology.com/chawla](http://twurology.com/chawla)
- DR UMESH JAIN Fax: (416) 767-0992; [twurology.com/jain](http://twurology.com/jain)
- DR ANTHONY MCLEAN Fax: (416) 767-2403; [twurology.com/mclean](http://twurology.com/mclean)
- DR HANMU YAN Fax: (416) 767-2403; [twurology.com/yan](http://twurology.com/yan)

**Our Website/Contact:** [twurology.com](http://twurology.com)

### REASON FOR REFERRAL: Please check

<input type="checkbox"/> <b>UROLOGIC CANCERS:</b> kidney/bladder/testes/penile	<input type="checkbox"/> BPH or high PSA	<input type="checkbox"/> Bladder problems: overactive bladder, incontinence
<input type="checkbox"/> Kidney stone, Hydronephrosis	<input type="checkbox"/> Circumcision, scrotal masses	<input type="checkbox"/> Recurrent UTI
<input type="checkbox"/> Hematuria	<input type="checkbox"/> Pediatrics: undescended testes, phimosis	<input type="checkbox"/> Erectile dysfunction, Peyronie's

Other: \_\_\_\_\_

**URGENCY**

ASAP (please call office, within 1-3 days)

URGENT – 2 weeks

ELECTIVE

**PATIENT DEMOGRAPHICS**

**SPECIFY REASON:**

REFERRAL MD INFORMATION/Billing #: