

UC Irvine Health

Department of Urology

Website: <http://www.urology.uci.edu/prostate>

Phone: (714) 456-6068 Fax: 888-378-4524

Administrative/Academic Office:

333 City Blvd. West, Suite 2100
Orange, CA 92868

Medical Clinic (Please go for your appt.):

101 The City Dr. South, Building 29, Pav. III
Orange, CA. 92868

Pre-Consultation Checklist for Patient Visit with Dr. Ahlering

In order for us to best serve you, we request the following materials to be faxed, or mailed by Fed-EX, UPS or DHL with signature confirmation required and/or physically brought into the urology office prior to scheduling the consultation appointment. This will allow the physician time to review your medical records. These materials will be filed as a part of your medical records at the UC Irvine Health, Department of Urology. For patients who will be scheduling for surgery, pathology slides will be obtained from previous biopsies. Please arrive 30 minutes prior to your appointment to allow sufficient time to complete the registration process. **Reminder- Dr. Ahlering's visit payments are due at the time service is rendered.**

Required Medical Records (Please Send via Fax/Mail/Hand Delivered):

- Consultation history and physical notes from referring physician
- Pathology reports from previous biopsies
- Ultrasound of prostate, with the prostate volume
- Radiology reports including: Bone Scan, CT, MRI, ANY Scans of the Abdomen and/or Pelvis, Past EKG's, Chest X-ray's, Stress Test, Echo, Pulmonary Function Test
- Complete PSA history
- Pathology Slides will be required if the patient is scheduling for surgery. Slides done outside of UCI will need to be Fed-Ex or Hand-Carried into the office

Required Registration Forms From Urology Website (Please Return via Fax/Mail/ Hand Delivered):

- Completed history and physical form (form 2)
- AUA Form (form 3)
- Anesthesia Screening (form 4)
- Outside Medical Records Release (form 5)
- Medical Records Release (form 6)
- Front and back copy of Insurance Card and front copy of Driver's License

Blood Pressure:_____ **Pulse:**_____ **Respiration:**_____
Temperature:_____ **Height:**_____ **Weight:**_____

Please Attention all paperwork to: Lydia Reyes or Anna Rodriguez (Assistants to Dr. Ahlering)