Vikas Merchia, MD, FACOG
Board Certified in Female Pelvic Medicine and Reconstructive Surgery (Urogynecology)
Board Certified in Obstetrics and Gynecology
Specialist in Minimally Invasive Gynecologic Surgery (Vaginal / Laparoscopic / daVinci Robotic)
Women's Health, Incontinence, & Prolapse & Gynecologic Surgery

830 Oak St, Ste 102W
Brockton, MA 02301
Main 508.521.9259
Fax 508.897.4778
info@urogynob.com
www.urogynob.com

New Patient Referral Form **Date of Request: _____**

Please fill out the following information:

1. Requesting Provider: _____ Phone: _____ Fax: _____
   Provider Address: _____

2. **Patient Name: _____ DOB: _____**
   Cell phone: _____ Home Phone: _____ email: _____
   Fill additional information below, or include a copy of patient profile (with demographics & insurance information)
   Patient Address: _____
   Insurance(s) (Include Policy and Group Number: _____
   Additional Insurance Information: _____ Policy Holder: _____

3. **Requested date & time**: ❑ Tuesday (morning), ❑ Wednesday (all day), ❑ Thursday (all day) _____

4. **Please Check Appointment Type:**
   ❑ Evaluation only ❑ Evaluation and Management ❑ Testing Only (Specify): _____

5. **Reason for Referral:**

❑ Pelvic Organ Prolapse (POP)
❑ Urinary Incontinence (UI)
❑ Urinary urgency/frequency
❑ Nocturia
❑ Recurrent urinary tract infection
❑ Endometriosis / Pelvic Pain
❑ IC/PBS - Interstitial Cystitis
❑ Dyspareunia – painful sex
❑ Vulvar Pain Syndrome
❑ Fistula Rectovaginal/Vesicovaginal
❑ Mesh Erosion/Exposure
❑ Fecal Incontinence (FI)

Testing
❑ UDT Complex Urodynamic Testing
❑ ARM Ano Rectal Manometry

Treatment / Procedure
❑ PMR Pelvic Muscle Rehabilitation
❑ Bladder Botox
❑ Suburethral sling/Urethral Bulking
❑ InterStim (bladder pacemaker)
❑ Urgent PC
❑ Solesta bulking fecal incontinence

Single Site Robotic Surgery
❑ daVinci Sacrocolpopexy
❑ daVinci Hysterectomy
❑ daVinci Endometriosis
❑ daVinci myomectomy
❑ daVinci adnexal mass

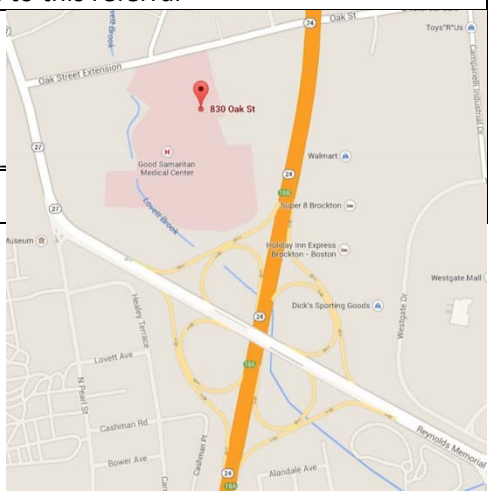
❑ Operative Hysteroscopy
❑ ESSURE hysteroscopic tubal ligation

❑ Other (please specify): _____

6. **Please fax this form along with the following information to 508-897-4778.**
   - a copy of identification and current insurance card
   - office notes along with recent pap smear, other lab and test results related to this referral

7. **We will call and schedule the patient based on the information selected above, and fax back their appointment information for your records.**

   Scheduled date & time: _____ _____



8. **After we see patient, we'll send you our office notes.**

Thank you for the referral!

Vikas Merchia, MD, FACOG
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Board Certified in Obstetrics and Gynecology
NPI# 1548592934 (ESP Medical LLC), NPI# 1811966948 (Vikas Merchia)

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New Patient Referral Form

Quick, Easy, Comprehensive Referrals

Thank you for referring your patient to our practice! We look forward to serving you and your patient's needs.

What Our Consultation Service Involves
At the patient's first visit, we do a complete history and physical, with emphasis on pelvic floor defects and disorders of the lower urinary tract. If appropriate, patients may return for multichannel urodynamic testing, and / or office cystoscopy. This is followed by a consultation visit lasting approximately 45 minutes where a computer model is generated, reviewing the patient's symptoms and anatomical findings to create a plausible cause and effect analysis. All questions are answered and therapeutic modalities are discussed for further management. If the patient elects to follow through with treatment, it is performed. Upon starting, continuing, and at conclusion of treatment we will regularly communicate with you and the patient will return to you for further service and care.

How We Work
We gear our consultation services to the referring physician's needs and preferences.

If you request an **evaluation only**, the patient receives a comprehensive evaluation for the referral reason and an office note will be forwarded to you with our findings and recommendations. If the patient is being referred for incontinence or pelvic organ prolapse, a comprehensive physical exam, possible cystoscopy and urodynamic testing will be performed and this will be communicated to you. We will forward to you a letter reviewing our findings and recommendations to you regarding both surgical and non-surgical therapeutic options.

If you request an **evaluation and management**, we will evaluate the patient as described above. Our initial letter will review our findings and outline of initial management. For patients who require reconstructive surgery, we will forward to you a copy of the hospital admission History & Physical, Operative Note and a discharge summary sheet after they are seen for their post-operative visit. If you have full operating privileges at the hospital where the surgery is performed, and want to participate in the surgery, we will make every effort to accommodate you. For patients who do not need surgery, we correspond with you regularly regarding the patient's progress.

If you request for **specific testing only**, we will perform those tests and send the results to you for your review and further management.

Thank you again for your referral and we look forward to working with you.

Sincerely,

Vikas Merchia, MD, FACOG