

MINNESOTA UROLOGY

Appointment Scheduling Request Form

Main Number: 651-999-6800
Scheduling Number: 651-999-6811

Please complete the following information when requesting an appointment by fax.
Please check the box of your location preference and fax your request to the attention of **Appointment Scheduling**. Thank you for your cooperation in providing the information below.

Fridley
Fax: 651-999-6832

Maplewood
Fax: 651-999-6831

Plymouth
Fax: 651-999-6834

St Paul 400
Fax: 651-999-6910

Woodbury
Fax: 651-999-6995

Patients Name: _____ Male: Female:

Date of Birth: _____ Soc. Sec. #: _____

Responsible Party (If Patient is a Child): _____ Male: Female:

Responsible Party's Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Referring Doctor: _____

Clinic Name: _____ Clinic Phone: _____

Clinic Contact: _____ Clinic Fax: _____

Interpreter Needed? Yes: No: If yes, what language? _____

Urology Diagnosis: _____

Date: _____ Facility: _____

Types of Films: _____

Insurance Name: _____

Insurance ID#: _____ Insurance Group#: _____

*****Referring clinic must contact the patient with the appointment information*****

Appointment Date: _____ Time: _____

Location: _____ Physician: _____