



SouthWest Urology

Advanced & Personalized Treatment For Your Entire Family

Michael T. Barkoukis, MD, FACS
Leonard H. Bernstein, MD, FACS
Michael T. Berte, MD, FACS
Lawrence A. Gervasi, MD, FACS
Adonis Hijaz, MD
Martin A. Kosdrosky, MD, FACS
Tim A. Sidor, MD, FACS
J. Patrick Spirnak, MD, FACS
David S. Turk, MD, FACS

James Wagner, MD
Pathologist

Matthew A. Mates, PA-C
Physician Assistant - C

William J. Stout, PA-C
Physician Assistant – C

Halle Lynch, CN-P
Certified Nurse Practitioner



6900 Pearl Road, 2nd Floor
Middleburg Heights, OH 44130
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Fax: (440) 845-7355

3647 Medina Rd
Medina, OH 44256
Phone: (330) 725-0600
Toll Free: (800) 589-7460
Fax: (330) 722-4457

SouthWest Urology @
Northern Ohio Regional
Cancer Center
5260 Smith Road
Brook Park, OH 44142
Phone: (216) 265-4580
Fax: (216) 265-4581

5319 Hoag Drive, Suite 240
Elyria, OH 44035
Phone: (440) 930-6060
Fax: (440) 695-1028

SouthWest Urology
Women's Connection
6900 Pearl Road, Suite 200
Middleburg Heights, OH 44130
Phone: (440)-845-0900
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THANK YOU FOR CHOOSING SOUTHWEST UROLOGY

For treatment purposes, we must have the following medical records available on the day of your appointment or your appointment may be delayed or will need to be rescheduled.

- **Complete** all forms enclosed with this letter and bring them with you.
- Bring or Fax copies of Lab work/Reports pertinent to your appointment.
- **Obtain/bring copy** of X-rays, Ultrasounds, and/or CT scan films on **CDs** including reports
- If this is a follow-up from the emergency room or hospital, we will need a copy of those records.
- **Insurance Cards(s)**
- **Co-Payment**
- **Photo ID (driver's license, state ID, etc.)**

If your insurance requires a REFERRAL, you must obtain this prior to your visit. Otherwise, you may have to reschedule the appointment or pay a higher fee for this service.

Your appointment is with:

- | | |
|---|---|
| <input type="checkbox"/> Michael T. Barkoukis, MD | <input type="checkbox"/> Tim A. Sidor, MD |
| <input type="checkbox"/> Leonard H. Bernstein, MD | <input type="checkbox"/> J. Patrick Spirnak, MD |
| <input type="checkbox"/> Michael T. Berte, MD | <input type="checkbox"/> David S. Turk, MD |
| <input type="checkbox"/> Lawrence A. Gervasi, MD | <input type="checkbox"/> Halle Lynch, CNP |
| <input type="checkbox"/> Martin A. Kosdrosky, MD | <input type="checkbox"/> Matt Mates, PA-C |
| <input type="checkbox"/> Adonis Hijaz, MD | <input type="checkbox"/> W. John Stout, PA-C |

- | | |
|--|---|
| <input type="checkbox"/> 6900 Pearl Road, Second Floor
Middleburg Hts., OH 44130
440-845-0900
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|--|---|

- 5319 Hoag Dr, Suite 240
Elyria, OH 44035
440-930-6060
Fax: 440-695-1028

Appointment Date _____

Appointment Time _____

Appointment Secretary _____