



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
Martin A. Kosdrosky, MD, FACS
Tim A. Sidor, MD, FACS
J. Patrick Spirnak, MD, FACS
David S. Turk, MD, FACS
Carson Wong, MD, FRCSC, FACS

James Wagner, MD
Pathologist

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

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

Anna L. Myers, CNP
Certified Nurse Practitioner



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

12000 McCracken Road, Suite 451
Garfield Heights, OH 44125
Phone: (216) 581-0700
Fax: (216) 581-7558

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 303
Middleburg Heights, OH 44130
Phone: (440)-887-2783
Fax: (440) 845-7034



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"/> Carson Wong, MD |
| <input type="checkbox"/> Martin A. Kosdrosky, MD | <input type="checkbox"/> Matt Mates, PA-C |
| <input type="checkbox"/> W. John Stout, PA-C | |
| <input type="checkbox"/> Anna L. Myers, CNP | |

- | | |
|--|---|
| <input type="checkbox"/> 6900 Pearl Road, Second Floor
Middleburg Hts., OH 44130
440-845-0900
Fax: 440-845-7355 | <input type="checkbox"/> 3647 Medina Rd.
Medina, OH 44256
330-725-0600
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|--|---|
| <input type="checkbox"/> 12000 McCracken Road, Suite 451
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216-581-0700
Fax: 216-581-7558 | <input type="checkbox"/> 5319 Hoag Dr, Suite 240
Elyria, OH 44035
440-930-6060
Fax: 440-695-1028 |
|--|---|

Appointment Date _____

Appointment Time _____

Appointment Secretary _____