



SouthWest Urology

Advanced & Personalized Treatment For Your Entire Family

THANK YOU FOR CHOOSING SOUTHWEST UROLOGY

Michael T. Barkoukis, 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

Jonathan Corrigan, DHSc, PA-C
Doctor of Health Science
Physician Assistant-Certified
Matthew A. Mates, PA-C
Physician Assistant-Certified
Ravi K. Singh, PA-C
Physician Assistant-Certified
W. John Stout, DMS, PA-C
Doctor of Medical Science
Physician Assistant- Certified



6900 Pearl Road, 2nd Floor
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Phone: (440) 845-0900
Fax: (440) 845-7355

3647 Medina Rd
Medina, OH 44256
Phone: (330) 725-0600
Toll Free: (800) 589-7460
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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
Fax: (440) 845-7355

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 the patient resides in a Nursing Home, make sure the steps below are followed:

- If a patient is capable of providing appropriate clinical information, they can be escorted to the office visit with only a nursing facility attendant.
- If a patient is incapable of providing appropriate clinical information, they **MUST** be escorted by a family member/legal representative in addition to a nursing facility attendant.
- Patients arriving without an appropriate escort will not be seen and the nursing facility will be contacted to be rescheduled.
- All nursing home patients on stretchers will be held in the holding area until transferred to an exam room to be seen by the physician.
- All patients need to bring a fresh morning urine specimen to the visit.

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"/> Michael T. Berte, MD | <input type="checkbox"/> J. Patrick Spirnak, MD |
| <input type="checkbox"/> Lawrence A. Gervasi, MD | <input type="checkbox"/> David S. Turk, MD |
| <input type="checkbox"/> Adonis Hijaz, MD | <input type="checkbox"/> Martin A. Kosdrosky, MD |
| <input type="checkbox"/> Jonathan Corrigan, DHSc, PA-C | <input type="checkbox"/> Matt Mates, PA-C |
| <input type="checkbox"/> Ravi K. Singh PA-C | <input type="checkbox"/> W. John Stout, DMS, PA-C |

- | | | |
|--|---|---|
| <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
Fax: 330-722-4457 | <input type="checkbox"/> 5319 Hoag Dr, Suite 240
Elyria, OH 44035
440-930-6060
Fax: 440-695-1028 |
|--|---|---|

Appointment Date _____

Appointment Time _____

Appointment Secretary _____

P:OfficeForms/New Patient Packet/Appointment Info 12152020sg

