



Billings Clinic Urology

3rd Floor Clinic

801 N. 29th St

Billings, MT. 59101

Phone: 406-238-2500

Fax: 406-238-2169

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Reason for Consult: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

### UROLOGY REFERRAL GUIDELINES

- BPH/slow stream/trouble urinating:** Trial of tamsulosin/Flomax for at least 7 days
- Elevated PSA:** Need two values above 4.0 about six weeks apart. We follow AUA guidelines to stop testing PSA at 75 years of age or if patient has a life expectancy of 10 years or less.
- Gross Hematuria:** Negative urine culture and CT IVP are required. This report needs to be included with the referral and images on PACs. If these are not included, patient will not be scheduled.
- Kidney stones:** Need to have a CT renal stone. This report needs to be included with the referral and images pushed to PACs. If these are not included patient will not be scheduled.
- Microscopic Hematuria:** Urine microscopic examination showing >3RBC, if patient is symptomatic (urgency, frequency, dysuria, etc.) with a negative culture and a CT IVP is required. Urine dipstick positive for blood does not meet the criteria.
- Renal mass/cyst:** Needs a CT abdomen/pelvis with/without contrast. This report needs to be included with the referral and images pushed to PACs. If these are not included patient will not be scheduled.
- Stress Urinary Incontinence:** Patients with stress-urinary incontinence and/or Prolapse are managed primarily by Urogynecology. Please send referral to Billings Clinic Urogynecology – Fax (406) 238-2806.
- Recurrent UTI:** At least 3 positive urine cultures within one year along with susceptibility results to warrant a referral. Asymptomatic bacteriuria in post-menopausal women is common and does not require urologic evaluation. Most post-menopausal women with symptomatic recurrent infections are successfully treated with vaginal estrogen and this should be given as a trial before being referred to Urology. The referral should also include documentation discussing conservative measures (avoidance of constipation, encouragement of hydration, good hygiene, regular emptying of the bladder, regular and sustained use of cranberry extract and/or D-mannose).
- Testicular/scrotal pain or swelling:** Scrotal ultrasound. This report needs to be included with the referral and images pushed to PACs. If these are not included patient will not be scheduled.
- Other:** \_\_\_\_\_

Referring provider signature required: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Please send referring provider notes, all Urology medical records including images, referral letter and demographics sheet.\****

Date faxed: \_\_\_\_\_