METROVAN UROLOGY metrovanurology.com

#650 – 6091 Gilbert Road
Richmond, B.C. V7C 5L9

Tel: **604 273 4320** (24 hrs)
Fax: 604 273 7599

REQUEST FOR STENT INSERTION BY UROLOGIST

INSTRUCTIONS

- Complete form and return via fax to 604-273-7599
- Incomplete forms will be returned and may result in a delay in processing.
- Submission of this form *does not guarantee* that a Urologist will be available. *Fax and phone* directly for urgent requests <2 weeks.
- **If approved, confirmation in writing will be sent by our office.**

Attach

1. Copy of imaging reports of the abdomen (CT or Ultrasound) and creatinine if available
2. Copy of gynecology consultation letter

GYNECOLOGIST

☐ Arkuran ☐ Heslip ☐ Kowalczyk ☐ Mackoff
☐ Monahan ☐ Robson ☐ Wagner Other:

PATIENT INFORMATION (or affix sticker)

Name ______________________

DOB ______________________

PHN ______________________

PROCEDURE

PROPOSED DATE OF SURGERY: ______________________

PROPOSED START TIME OF SURGERY: ______________________

Request is for: ☐ BILATERAL Stents ☐ RIGHT Stent ☐ LEFT Stent

Proposed surgery:
☐ Oophorectomy ☐ Hysterectomy ☐ Prolapse repair
☐ Endometriosis Ablation Other (specify):

STRICTLY CONFIDENTIAL – Intended for use of designated recipient only. If misdirected, or resend desired, fax report with reason to 604-273-7599 and destroy this fax immediately.