



**THE UROLOGY CENTER  
OF COLORADO**



# Referral Form

Patient Name \_\_\_\_\_

Patient Telephone Number \_\_\_\_\_

Reason for Referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Physician \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Fax Number \_\_\_\_\_

## Team of Providers

Please check the box next to the TUCC provider you are referring to and email, fax or mail this form along with any notes, labs or x-ray reports to TUCC.

- |                                                      |                                                          |                                                        |
|------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Any TUCC Provider           | <input type="checkbox"/> Marklyn J. Jones, M.D.          | <input type="checkbox"/> Brian R. Smith, M.D.          |
| <input type="checkbox"/> Brett B. Abernathy, M.D.    | <input type="checkbox"/> Lawrence I. Karsh, M.D.         | <input type="checkbox"/> Carsten M. Sorensen, M.D.     |
| <input type="checkbox"/> Benjamin T. Carpenter, M.D. | <input type="checkbox"/> Daniel A. Kaufman, M.D.         | <input type="checkbox"/> John W. Tillett, M.D.         |
| <input type="checkbox"/> Kara K. Choate, M.D.        | <input type="checkbox"/> Donald J. May, M.D.             | <input type="checkbox"/> Stephen Bales, R.N., N.P.     |
| <input type="checkbox"/> Julien E. Dagenais, M.D.    | <input type="checkbox"/> Juan D. Montoya, M.D.           | <input type="checkbox"/> Amanda Ferguson, R.N., F.N.P. |
| <input type="checkbox"/> Christopher J. Dru, M.D.    | <input type="checkbox"/> Ferdinand J. Mueller, Jr., M.D. | <input type="checkbox"/> Jennifer Gomez, MMS, P.A.-C   |
| <input type="checkbox"/> Richard K. Heppe, M.D.      | <input type="checkbox"/> Thomas J. Pugh, M.D.            | <input type="checkbox"/> Shelly Shadrack, P.A.-C       |
| <input type="checkbox"/> Elias I. Hsu, M.D.          | <input type="checkbox"/> Alexander C. Philpott, M.D.     | <input type="checkbox"/> Lisa Zwiers, P.A.-C           |
|                                                      | <input type="checkbox"/> David C. Ragan, M.D.            |                                                        |
|                                                      | <input type="checkbox"/> Stephen R. Ruyle, M.D.          |                                                        |

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