

Urology Associates of Kingsport, P.C.
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Arthur T. Wyker, M.D. Jim R. Littlejohn, MD James R. Herman, MD Anthony Broglio, MD

****Your office appointment has been scheduled for**
_____ at _____.

To Patients New to Our Office:

It is essential that we receive **ALL** pertinent information about your urological condition **prior** to seeing you. You must be sure that all x-rays, lab test and previous treatments are sent to us before the visit or brought with you. Without this information, our consultation will be incomplete. *Please call us to see that we have received your records.* If not, call your referring physician's office to request a copy. *You will need to pick them up, personally, before your visit with us.* It is your responsibility to see that the records, x-rays, and scans are here in our office at the time of your visit. **Please understand that if we do not have this information your appointment may be rescheduled.**

Please read and complete the attached forms. Bring these forms by our office or return them in the self-addressed envelope *three days prior to your office visit.* In order to decrease your waiting time, it is very important that these forms are completed and that we have received them prior to your office visit.

If you have any questions please feel free to contact our office @ **423-246-6251**

Thank you for helping us help you. We appreciate your assistance.

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