Lansing Institute of Urology
A DIVISION OF COMPASS HEALTH

Compass Health

REFERRAL REQUEST FORM

Thank you for the referral of your patient. We will contact the patient directly to arrange an appointment and will notify your office of the appointment date and time by fax.

New Referral ☐ Return Patient ☐ Schedule with First Available Physician ☐

Dr. Robert Dimitriou ☐ Dr. Joseph Mashni ☐ Dr. Rafid Yousif ☐ Dr. Leonard Zuckerman ☐

Referring Physician Name (must be MD or DO):_____ Date:_____

Contact:_____ Phone:_____ Ext: _____ Fax:_____

Patient information

Patient Name:_____Date of Birth:_____ SSC #: _____

Address:_____

_____

Home Phone:_____ Cell Phone:_____ Work: _____

Reason for Referral: _____

_____

In order to speed up the referral, please provide all info on the checklist below:

☐ Last office visit note
☐ Insurance Information: Please provide a copy of the patient's insurance card(s).

Insurance:_____ Contract Number:_____

Group Number:_____

Insurance:_____ Contract Number:_____

Group Number:_____

☐ If patient has had any Testing related to condition including labs (Especially PSA if male over 40), pathology, MRI, CT

Schedulers direct phone number: 517-853-7469 Fax: 517-324-4589

Direct Addresses for continuation of care documents (CCD):

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josephmashni@lansinguro.medalliesdirect.net

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