



Desert Women's Care Referral Information

Practice—

Referral Provider: _____ (add title)

Practice Name: _____

Street Address: _____

City, State & Zip: _____

Email address: _____

Telephone: _____

Facsimile: _____

Patient—

Name: _____

Street Address: _____

City, State & Zip: _____

Email address: _____

Telephone: _____

Diagnosis: _____

Service Requested—

Urodynamics
Only

Urodynamics
& Consult

Urodynamics
& Management

Insurance—

Company: _____

Group Number: _____

Policy Number: _____

Expiration: _____

Appointment Request—

Physician office hours are Noon to 7 PM on Tuesday, Wednesday and Thursday

Preferred Day:

TU

WE

TH

Preferred Time:

12:00 - 3:00 PM

3:00 – 5:30 PM

After 5:30 PM

Appointments will be confirmed with referral office and patient within one business day. For STAT Referrals, contact Desert Women's Care immediately by phone (480) 559 – 4776. We appreciate your referral and will communicate with you as soon as the patient is seen and evaluated.