

Date: 11/16/2023

CHECK OUT SHEET UROGYNECOLOGY

☐ PT TO SEE SURGERY SCHEDULER TODAY

Follow up time frame:

PRN	1 WEEK	2 WEEKS	4 WEEKS	6 WEEKS
	2 MONTHS	3 MONTHS	6 MONTHS	1 YEAR

Pelvic Floor Therapy: Doctors Piedmont Aiken

Transvaginal Ultrasound: Doctors Piedmont

Labs Needed: _____

CT Scans: Doctors Piedmont Wheeler**

CT Scans Needed: _____

Outside Referral: _____

Follow up reason:

OAB Med Check	PVR check	Urodynamics	Pessary Fitting	Pessary Check
Cystoscopy	Cystoscopy with Botox	Post –operative Visit	Imaging results Discussion	PT Follow up
PTNS	Pelvic Floor Injections	Pelvic floor dysfunction	Prolapse Follow up	Urinary Incontinence follow up
Interstitial Cystitis	Microscopic Hematuria	Recurrent UTI	Vaginal atrophy	Chronic pelvic pain

Physician Signature: _____