

Date: .

## CHECK OUT SHEET – UROLOGY

☐ PT TO SEE SURGERY SCHEDULER TODAY

☐ SAM KEUBLER (TOJINO PTS ONLY)

### Follow Up Time Frame:

☐ 1 WK    ☐ 3-4 WKS    ☐ 3-4 MO  
☐ 2 WKS    ☐ 6-8 WKS    ☐ 6-7 MO

☐ 1 YEAR    ☐ ASAP  
☐ PRN    ☐ NEXT  
                    AVAIL

☐ XIAFLEX SCHEDULE  
☐ INTRAVESICAL TX  
SCHEDULE

Follow Up Reason	Injection	Other	Minor Procedure
<input type="checkbox"/> Symptom Recheck	<input type="checkbox"/> Xiaflex Injection	<input type="checkbox"/> Urodynamics	<input type="checkbox"/> Suture/Drain Removal
<input type="checkbox"/> Imaging Results	<input type="checkbox"/> Lupron 3-mo dose	<input type="checkbox"/> Penile Inj Teaching	<input type="checkbox"/> PVR
<input type="checkbox"/> Exam	<input type="checkbox"/> Lupron 6-mo dose		<input type="checkbox"/> Uroflow with PVR
<input type="checkbox"/> Kidney Stone F/U			<input type="checkbox"/> Cath Change
			<input type="checkbox"/> Suprapubic Cath Exch

Procedure	Pelvic Floor PT
<input type="checkbox"/> Cystoscopy	<input type="checkbox"/> Pelvic Pain
<input type="checkbox"/> Cysto/Stent Removal	<input type="checkbox"/> Pain w/Ejaculation
<input type="checkbox"/> Cysto/Bladder Botox	<input type="checkbox"/> Difficulty Urinating
<input type="checkbox"/> Cysto/TRUS	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Vasectomy	
<input type="checkbox"/> Cysto/Pelvic Exam	
<input type="checkbox"/> Transrectal US	
<input type="checkbox"/> Prostate Biopsy	
<input type="checkbox"/> Intravesical Therapy	
<input type="checkbox"/> Suprapubic over wire	

Imaging/Orders	ASAP	Prior to Next Appt	Other: _____
<b>Reason:</b>	<input type="checkbox"/> Scrotal Swelling	<input type="checkbox"/> Eval left/right/bilateral adrenal lesion(s)	
<input type="checkbox"/> Kidney Stone	<input type="checkbox"/> Scrotal Pain	<input type="checkbox"/> Eval left/right/bilateral renal lesion(s)	
<input type="checkbox"/> Hydronephrosis	<input type="checkbox"/> Other (see note)	<input type="checkbox"/> Prostate MRI, also evaluate pelvic lymph nodes	
<input type="checkbox"/> KUB	<input type="checkbox"/> Renal Ultrasound	<input type="checkbox"/> Scrotal Ultrasound	<input type="checkbox"/> Pylarify PET Scan
<input type="checkbox"/> CT Abd/Pelvis	<input type="checkbox"/> CT Urogram	<input type="checkbox"/> MRI Abd	<input type="checkbox"/> MRI Pelvis
<input type="checkbox"/> w/contrast	<input type="checkbox"/> Hematuria	<input type="checkbox"/> w/o contrast	<input type="checkbox"/> w/ & w/o contrast
<input type="checkbox"/> w/o contrast	<input type="checkbox"/> Bladder Cancer	<input type="checkbox"/> w/ & w/o contrast	
<input type="checkbox"/> w/ & w/o contrast	<input type="checkbox"/> Hydronephrosis (L/R)	<input type="checkbox"/> Other Test: _____	

Outside Referral: \_\_\_\_\_

Labs			
<input type="checkbox"/> BMP (7-10 days after med change)	<input type="checkbox"/> PSA, Total	<input type="checkbox"/> LITHOLINK	<input type="checkbox"/> Hgb A1c
<input type="checkbox"/> BMP, Ca, Mg, Phos, Uric Acid, PTH	<input type="checkbox"/> PSA, % Free	<input type="checkbox"/> CBC, CMP, Uric Acid (2 weeks after med change)	
<input type="checkbox"/> TOTAL T, CBC, SHBG (before 10am)	<input type="checkbox"/> FREE & TOTAL T, ESTRADIOL, LH, FSH, SHBG, PROLACTIN (before 10am)		
<input type="checkbox"/> TOTAL T, CBC, SHBG (before 10am, 6 weeks after starting therapy, within 1-2 days prior to next dose)			
<input type="checkbox"/> SEMEN ANALYSIS (abstain for 2 days beforehand)	<input type="checkbox"/> OTHER: _____		

Physician Signature: \_\_\_\_\_