

# **PERITO UROLOGY**

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## **INTRODUCTION – LOCAL PATIENT (South Florida)**

### **Patient Checklist (All patients must complete the following, prior to surgery)**

\_\_\_\_\_ Please let the practice/office know a few weeks in advance the date you would like your surgery.

#### **Complete Forms**

Below you may print our package for new patients. These forms are required to open a chart for you.

\_\_\_\_\_ Please complete the forms & bring to your initial visit or send the documents electronically prior to your visit. (The consent forms will be signed in our office after your consultation with Dr. Perito.)

#### **Pre-Op Tests & Clearance**

\_\_\_\_\_ Please provide a medical clearance from your internist. Pre-op testing required includes:

**CBC, PT, PTT, BMP, URINE ANALYSIS, CHEST X-RAY, EKG AND MEDICAL CLEARANCE LETTER**

If you are unable to obtain medical clearance please contact our office to discuss pre-operative requirements.

If you have any history of cardiac issues, we also request a cardiac clearance.

#### **Insurance & self-pay information**

\_\_\_\_\_ If you have insurance, please forward the following...

Full Name on Policy

Date of Birth

Member #

Group #

Telephone # for Insurer

\_\_\_\_\_ \* If possible, scan & attach a copy of your ID/Insurance card.

\* If you do not have insurance, please contact us directly for the cost of your procedure @ (305)-444-2920

**For more amenities surrounding your care you may also visit the “concierge care” section at peritourology.com**

Please contact our office directly with any further questions or email your request through the “contract” section at peritourology.com. Thank you for helping to expedite your visit by completing the paperwork in advance.

**PATIENT INFORMATION PACKAGE** – Click [here](#) to view and print

To print this page click [here](#)