

# PEDIATRIC UROLOGY

UPU

University Pediatric Urology

Children's Medical Office Bldg.  
2100 W. Clinch Ave., Ste. 120  
Knoxville, TN 37916  
Phone: 865.637.7290  
Fax: 865.637.7289  
[WWW.UPUMD.COM](http://WWW.UPUMD.COM)



D. Preston Smith, MD    David Hill, MD    Beth Andersen, MD    Cameron Schaeffer, MD  
Lauri Gingerich, CPNP    Sydney Keener, FNP    Blair Coppenger, PA-C    Danielle Gosser, PA-C

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber Name/DOB: \_\_\_\_\_ / \_\_\_\_\_

\*Please also include a copy of insurance card\*

Interpreter Services Needed?    Yes / No    Language: \_\_\_\_\_

Referring Provider: \_\_\_\_\_  
\_\_\_\_\_

Provider Office Phone #: \_\_\_\_\_ Provider Office Fax #: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

**\*Send only medical records related to diagnosis\* If patient has received radiology studies, please have patient bring images on a disc.**

**\*\*To Be Filled Out by University Pediatric Urology\*\***

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Appointment notification texted to parent/guardian    Yes    No

*Thank you for choosing University Pediatric Urology for your patient's urological care.*