

# Atlanta Urological Group, P.C.

**It is our desire to make your visit with Atlanta Urological Group, P.C. smooth and efficient. To do this, we ask that you actively participate in your care. We have a few important requests. When you arrive at the office we have an information form and a personal health history form. These questions are necessary part of the examination and evaluation process. All information in your record is strictly confidential and will not be released without your approval.**

- **If you have been referred by your family physician to our practice please provide the name of the physician, phone number and fax number of the doctor. If you are a member of an HMO or PPO which requires a referral, please bring a copy of the referral to the office. Otherwise, it is your responsibility to see that a referral reaches this office prior to your visit if your plan requires a referral.**
- **Please bring your blood work, x-ray reports and the reason your physician is requesting Dr. Schoborg to evaluate or treat your condition. Our fax number is: (404) 521-2977 if you need to have your doctor to fax them to us.**
- **Please supply us with a list of all your current medications.**
- **Please bring your insurance card, ID and copay with you each visit. Our receptionist will make a copy of your insurance card(s) and collect your copay.**
- **Prescriptions and refills are only issued during office hours. Please have your pharmacy number available when you call our office or your pharmacy insurance card. We have a pharmacy within our office to be of service to you and your medical needs.**