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UROGYNECOLOGY REFERRAL

PATIENT: _____

PROBLEM: _____

- URODYNAMICS STUDIES
- URODYNAMICS STUDIES AND SURGERY
- URODYNAMICS STUDIES AND SHARED SURGERY
- CONSULT SECOND OPINION
- GYN CONSULT
- REFERRAL FOR SURGERY
- MANAGEMENT OF EPISIOTOMY COMPLICATIONS

DOCTOR'S SIGNATURE: _____

DATE: _____