

Company Name

Name: Fname Lname
Chart #: /SharedID
DOB: /DOB
Age: /Age
Date: /Today
Referring Physician:

BHP / FREQ

PROGRESS NOTES: Follow-Up Update

Date: _____

Weight _____ Blood Pressure: _____

Last PSA _____

Pt. With Hx

- Cardura 2mg/HS
- Hytrin mg/HS
- Flomax 0.4 mg/HS
- Proscar 5 mg/HS
- Ditropan
- Detrol

Impression:

- Plan:
- 1. Renal Meds
 - 2. Follow-up 3 months
 - 3. Yearly on
-

Return on _____ weeks / months (circle)

SENT COPY TO PCP: YES/NO

FULL CONSULT REPORT TO FOLLOW: YES/NO

FAXED
