NORTH STAR
PROSTATE CENTER

8401 Golden Valley Rd
Suite 340
Golden Valley, MN 55427

P: 952-697-7406
F: 952-206-6467
NorthStarProstate.com

Patient Name:_____ Date of Birth: _____

Patient Phone #:_____

Address:_____ Insurance: _____

Diagnosis: _____

Consults:

- ☐ Benign Prostatic Hyperplasia (BPH)
- ☐ Flow Void (Urinary Symptoms)
- ☐ Other: _____
  (please add additional notes)

Procedures:

- ☐ Prostate Artery Embolization (PAE)
- ☐ Varicocele

Records:

- ☐ Progress Notes
- ☐ Lab Results
- ☐ Imaging/Radiology Reports

Notes:

Referring provider (Print): _____ Signature: _____

Referring Practice Name: _____

Office Phone #: _____ Office Fax #:_____

Our physicians and advanced practitioners have many years of practice experience in interventional radiology and our procedure capabilities are far reaching. You can rest assured that referring your patients to North Star Prostate Center is an excellent choice. They will be treated like family in a warm and welcoming facility and our care team will report treatment outcomes back to you and keep you in the loop regarding diagnosis and future treatments.