

Prior to your appointment/surgery, please complete the following:

- ❑ Please contact the facility where your biopsy was performed and request that your biopsy slides be sent **ASAP** to the following address (to be read by our pathologist); we DO NOT call to request your slides. Please note if your biopsy was performed at our facility, you may skip this process.

**Northwestern Medical Faculty Foundation, Inc.
Department of Urology
William J. Catalona, MD/Attn: Joy S. Harmon
675 North St. Clair Street, Suite 20-150
Chicago, IL 60611**

- ❑ Please call NMFF registration at (312) 695-9696 to complete the registration process, if you have NOT already done so.
- ❑ Please call NMH registration at (312) 926-2950 to pre-register with the hospital (ONLY if you are scheduled for surgery).
- ❑ Please fax/mail the new patient consultation forms (5 pages), **AS SOON AS POSSIBLE**, and review the consent forms.
- ❑ Please obtain the following medical tests (may be performed at Northwestern or an outside facility of your choice). ALL test results must be faxed to Joy S. Harmon at (312) 695-1144. Please note: **Results that are delayed in reaching the office may result in rescheduling your appointment and/or surgery. All test results need to be reviewed by the OR prior to your appointment/surgery.**

All blood and urine tests need to be repeated no more than THREE WEEKS prior to your surgery and faxed to Joy S. Harmon at (312) 695-1144.

- ***Complete Blood Count (CBC) with Differential***
- ***Basic chemistry panel (also called a basic metabolic profile)***
- ***Protime (PT) with INR/PTT***
****ANY blood thinners should be STOPPED TWO Weeks BEFORE these tests. (See Instructions for Surgery).***
- ***Acid Phosphatase (If PSA 10 or higher and/or if Gleason score is 7 or higher)***
- ***Urinalysis (UA)***
- ***Urine Culture and Sensitivity (even if UA is normal)***
- ***Type/Cross for 1 Unit, Auto Blood***

- Please do NOT bring actual x-rays or scans to your appointment or have them sent to our office. We only ask that you send a copy of the paper report.

All other tests that have been done within ONE year prior to surgery DO NOT have to be repeated however the results NEED to be faxed to Joy S. Harmon (312) 695-1144 BEFORE your appointment/surgery.

- *Chest X-Ray (PA & Lateral)*
- *Electrocardiogram (ECG) of the heart*

NOTE: If you had a stress test, the EKG for that stress test will NOT be acceptable for a regular EKG; you will have to forward both results.

- *Whole body bone scan (please check with your insurance for possible pre-certification)*
- *Computed Tomography (CT) scan of the abdomen and pelvis with and without contrast (please check with your insurance for possible pre-certification)*

- Please send a letter of medical clearance for surgery from your Primary Care Physician and/or Cardiologist, **if applicable**.
- If you would like to donate your own blood to be given to you (if needed) during surgery, please make an appointment to donate at either a local American Red Cross office, or other blood donation facility near you, **TWO** to **FOUR** weeks before your scheduled surgery. Please have the facility contact Joy S. Harmon with an appropriate fax number to forward an order to donate a unit of blood, on your behalf. Once you have donated your blood, please take 1 325mg Ferrous Sulfate (Iron) tablet up to 3 times per day, (if the Iron causes upset stomach, or constipation, cut back from 2, 1, or 0 tablets daily).
- Please check with your insurance to determine whether your consultation and/or surgery by Dr. Catalona will be covered. The consultation is through Northwestern Medical Faculty Foundation and the surgery will be performed at Northwestern Memorial Hospital. The diagnosis code for prostate cancer is 185. The procedure code for radical retropubic prostatectomy is 55845. Joy S. Harmon will notify your insurance company of the impending surgery, one week before the scheduled date.
- Please visit Dr. Catalona's website: www.drcatalona.com to view the "New Patient Packet" and watch Dr. Catalona's video entitled "Early Treatment of Prostate Cancer" if you have ANY difficulty in viewing the video, please let me know and I can forward a DVD. ** Also, if you have access to email, you may contact me directly: jharmon@nmff.org
- Please fax or mail a copy, both front and back, of your insurance card.