

## Checklist (please READ!!)

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

1. Please fax/mail the new patient consultation forms (5 pages), **AS SOON AS POSSIBLE**. The **consultation forms and biopsy report** must be faxed to us **prior** to your consultation.
2. Please contact the facility where your biopsy was performed and request that your biopsy slides be sent **ASAP-overnighted** (this must be done **PRIOR** to surgery) to the following address so they can be read by our pathologist. **We DO NOT call to request your slides**. Please note that if your biopsy was performed at our facility, you may skip this process.

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

3. Please complete the 3 page health/history form and return to me **ONLY IF** you are scheduled for surgery, failure to complete will result in your surgery being cancelled.
4. Please obtain the following medical tests **IF** you are scheduled for surgery. It is preferred that you make an appointment with our Pre-op clinic to schedule the following tests by calling **312-926-4566**. These tests may also be performed at an outside facility of your choice except for the type and cross which has to be done here at NMH. ALL test results must be faxed to Dr. Catalona at **(312) 695-1144**. Please note: **Results that are delayed in reaching the office may result in the rescheduling of your surgery. All test results need to be reviewed by the OR ASAP prior to your surgery.**

**\*\*\* All blood, urine and EKG tests should be completed 21 Days or less (do NOT wait until the week before) prior to your surgery and faxed to Dr. Catalona at (312) 695-1144 ASAP.**

- ***Complete Blood Count (CBC) with Differential***
- ***Basic chemistry panel (also called a basic metabolic profile)/Creatinine***
- ***Protime (PT) with INR/PTT***
- ***\*ANY blood thinners should be STOPPED BEFORE these tests are done. (See Instructions for Surgery).***
- ***Prostatic Acid Phosphatase (Only If PSA 10 or higher and/or if Gleason score is 7 or higher, if you meet the criteria please confirm that it is ordered) Note some labs are not able to run this test.***
- ***Urinalysis (UA)***
- ***Urine Culture and Sensitivity (even if UA is normal) This test MUST be completed!***
- ***EKG/ECG, (resting not part of a stress test)***

- ***Type/Cross for 2 Units, Auto Blood (ALL PATIENTS MUST GET THIS DONE AT NORTHWESTERN MEMORIAL HOSPITAL ONLY).***

**Please call me @ 312-695-6126, to discuss the arrangement for the required blood work including the type and cross which must be done here at NMH. If you are interested in donating blood for surgery, please provide me with the fax number to the blood bank of your choice. Note: you CANNOT donate blood here at NMH for surgery, IT HAS TO BE DONE AT AN OUTSIDE BLOOD BANK; YOU CAN DO THIS UP TO 42 DAYS BEFORE SURGERY**

**Preop clinic is located 233 E. Superior on the 1<sup>st</sup> Floor (Olson Pavilion)  
DTC lab is located 676 N. St. Clair, 2<sup>nd</sup> floor (M-F 7-7pm, Saturday 8am-noon) (Arkes Pavilion)**

**If you've had the following tests done within ONE year prior to your surgery, you DO NOT have to repeat them. However, the paper results NEED to be faxed to Dr. Catalona (312) 695-1144 BEFORE your surgery. (Do not send actual x-rays or scans). APPOINTMENT IS NEEDED FOR CT AND BONE SCANS. Please complete the following tests before your surgery:**

- ***Chest X-Ray (PA & Lateral), can be done on the 4<sup>th</sup> floor of Galter, no appointment needed.***
  - ***Whole body bone scan (please check with your insurance for possible pre-certification) call 312-926-2514 to make appointment, Nuclear Medicine, 8<sup>th</sup> floor of Galter.***
  - ***Computed Tomography (CT) scan of the Abdomen and Pelvis with contrast (please check with your insurance for possible pre-certification) call 312-926-6366 to make appointment, Radiology, 4<sup>th</sup> floor of Galter.***
5. Please send a letter of medical clearance for surgery from your Primary Care Physician and/or Cardiologist, **if applicable**. You will need this if you have a history of heart problems or an abnormal EKG/ECG. This will **not** be required if you have labs done through our preop clinic where you will be evaluated by our physician.
  7. 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 55842. We will notify your insurance company of the impending surgery one week before the scheduled date. Contact Hospital Concierge at 312-926-7666 for discounts on hotels.
  8. Please visit Dr. Catalona's website: [www.dratalona.com](http://www.dratalona.com) to view the "New Patient Packet" and watch Dr. Catalona's video entitled "Early Treatment of Prostate Cancer". Please also visit the Q & A section on the website which discusses many pre op and post op questions. You may also request a DVD copy of the video. Also, if you have access to email, you may contact us directly: [sshresth@nmff.org](mailto:sshresth@nmff.org) or [csanchez@nmff.org](mailto:csanchez@nmff.org)

**Please fax or mail a copy of both the front and back of your insurance card(s). If you fail to do this, your surgery may not be pre-certified!**