

# Welcome to our practice!

Urology of Central Pennsylvania, Inc. is a team of highly talented physicians and staff committed to providing personal, high quality, comprehensive and effective urologic care to the patients we serve. We are looking forward to meeting you and working together to make your experience with UCPA the best it can be.

Enclosed please find the new patient forms we will need you to bring with you completed to your first appointment. Please read these carefully and have filled out in their entirety.

Please also bring the following with you to your first appointment.

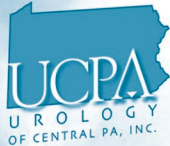
- All current health insurance cards
- HMO referral (if applicable)
- Medication Lists
- Any lab tests, x-rays, medical records that you think will help the physician.
- Photo ID (ex. driver's license)
- Check, Cash, Credit or Debit Card – for co-pays, deductible or visits not covered by insurance.

Please Note – we will be taking your picture to attach to your electronic medical record.

If you are unable to keep your appointment, please call us as soon as possible so we can re-schedule your appointment as well as if you have any other questions in advance of your first appointment.

Thank you for trusting us with your care.

**We look forward to meeting with you!**



Your scheduled appointment is with:



**UROLOGISTS**  
 George B. Boline Jr, MD, FACS  
 Timothy B. Brown, MD, PhD  
 Thomas R. Clements, MD  
 Frank C. D'Amico, MD, FACS  
 Vanessa L. Elliott, MD  
 Lewis E. Harpster, MD, FACS  
 Thomas A. Kachel, MD  
 Christopher P. Moyer, DO  
 R. Scott Owens, MD  
 Jose N. Prudencio Jr, MD  
 Peter J. Tucker, MD

Michele Karczewski, PA-C  
 Nicole Kindler, PA-C  
 Alicia Mills, PA-C  
 Natalia Neagu, CRNP

**RADIATION ONCOLOGIST**  
 David J. Salinger, MD

**OFFICE LOCATIONS**

100 Corporate Center Drive  
 Camp Hill, PA 17011  
 (717) 763-1174 Phone  
 (717) 763-8960 Fax

4310 Londonderry Road  
 Harrisburg, PA 17109  
 (717) 724-0720 Phone  
 (717) 724-0730 Fax

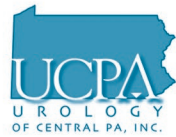
52 Red Hill Court  
 Newport, PA 17074  
 (717) 724-0720 Phone

1000 Evelyn Drive  
 Millersburg, PA 17061  
 (717) 724-0720 Phone

**WEBSITE**  
[www.urologycp.com](http://www.urologycp.com)

PA

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_



For more information about our practice please visit:

[www.urologycp.com](http://www.urologycp.com)



MEDICATION LIST

FINANCIAL POLICY

PATIENT HISTORY

PATIENT INFORMATION

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Race:  White  Black/African American  Asian  American Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander  Other  
 Ethnicity:  Spanish/Hispanic Origin  Not of Spanish/Hispanic Origin  
 Preferred Language:  English  Spanish  Other \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_  
 Spouse's Work Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_  
 Emergency Contact (other than above): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 If patient is a child, Responsible Party: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Who were you Referred By: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Group #: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Group #: \_\_\_\_\_

POS Reorder # 1008721

# Welcome To



Collective Strength. Individualized Care.