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www.zurology.com

CONSENT FOR RELEASE OF MEDICAL RECORDS

PLEASE RELEASE MEDICAL RECORDS FOR:

PATIENT NAME: _____

DOB: _____ LAST 4 DIGITS OF SS# _____

TO:

NAME: _____
((PHYSICIAN OR FACILITY))

ADDRESS: _____

PHONE: _____

FAX: _____

PLEASE SEND RECORDS TO:

Z UROLOGY

5850 Coral Ridge Drive, Suite 106, Coral Springs, FL 33076
954-714-8200 / 954-840-2626 Fax

PATIENT SIGNATURE

DATE

I authorize and request the disclosure of all protected information. I expressly request that the designated record custodian of all covered entities under HIPAA identified above disclose full and complete protected medical records.



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Date: _____

Patient Name: _____ Date of In-Office Procedure: _____

INSTRUCTIONS FOR IN-OFFICE PROCEDURES

☐ **Prostate Biopsy Exam**

☐ **Microwave Procedure**

1. Take one (1) Fleet Enema and (1) prescribed antibiotic the evening prior to scheduled appointment.
2. Take one (1) Fleet Enema the morning of the scheduled appointment.
3. Bring all your filled prescriptions with you the day of your procedure.
4. Continue to take the prescribed antibiotic after your procedure until you have completed your full prescription.
5. A light diet ONLY once you have taken the enema. You may go back to a regular diet after your procedure.
6. If you are having a MICROWAVE procedure done, please make sure you have someone to drive you home after your procedure.
7. For any questions please call the office at 954-714-8200.

☐ **Urodynamics**

8. Take one (1) Fleet Enema a few hours before your scheduled appointment and take your prescribed antibiotic after your procedure until you have completed your full prescription.



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Fecha: _____

Nombre del Paciente: _____ Fecha del procedimiento: _____

INSTRUCCIONES PARA PROCEDIMIENTOS EN LA OFICINA

☐ **Biopsia de Prostata**

☐ **Micro-ondas**

1. Hacerse un enema y tomar el antibiotico recetado la noche anterior a su cita.
2. Hacerse un enema la manana del dia de su cita.
3. Continue tomando el antibiotico recetado por los siguientes 4 dias después del procedimiento o hasta terminar todas las dosis.
4. Tomar liquidos unicamente despues del enema. Después del procedimiento puede volver a una dieta normal.
5. Si tiene dudas o preguntas no dude en llamar a la al telefono 954-714-8200.

☐ **Urodinamia**

1. Tomar liquidos unicamente despues del enema. Después del procedimiento puede volver a una dieta normal.



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What to Expect after a Radical Robotic Prostatectomy

- You will be discharged from the hospital with 4-6 small incisions sites in the abdomen, a urinary catheter, and possibly a Jackson-Pratt drain from the abdomen.
- 1 week after surgery, staples and/or Jackson-Pratt drain will be removed in the office
- 2 weeks after surgery, urinary catheter will be removed in the office.
- You may resume your daily medications as soon as you are discharged from the hospital.
- An antibiotic will be prescribed to you, to be taken by mouth after your discharge from the hospital. Take as directed.
- A pain medication will be prescribed for you, to be taken by mouth as directed for pain after your discharge from the hospital. A stool softener should be taken by mouth two times a daily. You can buy this medication over the counter and do not need a prescription. All narcotic pain medications are constipating and a stool softener will help to prevent this.

Recovery Time:

- The surgery usually lasts 2-4 hours and you will be hospitalized for at least 24 hours.
- Most patients will have difficulty with urinary control initially and will need some form of undergarment protection (i.e. Depends guards or protective pads). Please bring one as well as a pair of briefs to your appointment where the catheter will be removed.
- You will be able to return to work approximately 4 weeks after surgery.
- Usually 3-months after surgery patients will achieve reasonably good urinary control and will require less protection, if any. However, sometimes recovery of continence is slower in some patients.
- Kegel exercises should be resumed once the Foley catheter is removed. Kegels help to regain urinary control. Initially it may be difficult to find these muscles, but can be done by starting and stopping your urine stream. Once the correct muscles are found, repeat the flexing and relaxing of these muscles without urinating. These will help strengthen the muscles around the bladder that help hold the urine.
- The recovery of erectile function after a prostatectomy can be slow and time-dependent. Although the nerves to the penis can be spared, there is still injury due to trauma and stretching to these nerves that need time to heal. At each follow up visit, issues regarding sexual function will be addressed.

What You May Encounter After Surgery:

- Perineal pain: (pain between rectum and scrotum); Call the office if pain medication does not alleviate this. Also increasing fiber and water intake may alleviate pain associated with constipation.
- Scrotal/Penile Swelling and Bruising: this is not abnormal and should resolve in 7-10 days. Scrotal elevation with a small towel or washcloth that can be rolled up underneath the scrotum while sitting or lying down.
- Bladder Spasms: It is not uncommon to have bladder spasms with a catheter and even after the catheter is removed. Mild to severe bladder spasms or cramping, the sudden urge to urinate, or burning when urinating can occur. Please notify the office if this persists without relief
- Bruising Around Incision sites: Not uncommon. This will resolve by itself over time.
- Bloody drainage around Catheter or in the Urine; Especially after increasing activity or after a bowel movement, this is not uncommon. Usually resting for a short period of time resolves the situation. Please notify the office if you develop clots in your urine or if you have no urine output for 1-2 hours.
- Abdominal Distention, constipation, bloating; Increase water intake and movement. Take a stool softener (i.e. Colace) as directed. If you do not have a bowel movement within 24 hours and/or have severe pain, please notify the office.

Follow Up: Every 3-months after surgery you will get your PSA checked. At each visit, continence and erectile function will be assessed, as well as any other concerns that may arise.



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PRE-Operative Checklist

- **No more than 30-days prior to Procedure:**
 - If required, medical clearance from Primary Care Physician that states there are no contraindications to surgery/procedure.
 - CBC, BMP, PT/PTT, Chest X-Ray, and EKG
- **7-10 days prior to procedure:**
 - Discontinue Aspirin, Plavix, Coumadin, Warfarin, or any Anti-Inflammatory medications (ibuprofen, Aleve, Motrin, Etc), as well as FISH OIL and Vitamin E.
- **Night Before Procedure:**
 - Consume no food or beverage after midnight prior to procedure.
 - If you need to take medication(s) you can do so with a small sip of water
 - Do not smoke, chew gum, or suck hard candy after midnight before the procedure
- **FYI:**
 - Arrange for a responsible adult to accompany you to and from hospital before and after the procedure.
 - Ensure that appropriate follow-up appointment has been arranged upon discharge from the hospital

If you have any questions, please feel free to contact the office at (954) 714-8200

Please check all that apply: Patient Name: _____

YES NO MEDICAL CLEARANCE

Allergies:

Do you:

- Take Aspirin, Plavix, Coumadin, Warfarin and/or any blood thinners
 - Smoke, do recreational drugs, or drink alcohol. If so (packs per day, type, ounces)
 - Take any other medications (i.e. for diabetes, high blood pressure, BPH, etc.)
-

Patient Signature _____ **Date:** _____

Witness Signature _____ **Date:** _____



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Date: _____

Patient Name: _____

Date of Planned Surgery _____

Bowel Prep Protocol For Preoperative Patients

- 1. Purchase two bottle of Magnesium Citrate at the pharmacy of your choice. No prescription is necessary.**
- 2. Drink the Magnesium Citrate the evening before surgery.**
- 3. Do not eat or drink ANYTHING after midnight the night before surgery. If you are required to take medications the morning of surgery you should do so with sips of clear water.**
- 4. Certain blood thinners, Anti-inflammatory drugs or Asprin should not be taken prior to surgery. Please inform the Doctor of any medications you are taking and we will inform you of how to proceed with your medications.**
- 5. For any questions please the office and ask to speak with our surgical coordinator at 954-714-8200 during office hours.**



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VASECTOMY

Possible Side Effects:

- Swelling of Scrotum
- Bruising of Scrotum
- Bleeding or blood clot inside scrotum
- Blood in semen
- Infection at surgery site

Complications can include:

- Fluid buildup in testicle, causing dull ache that can get worse with ejaculation
- Immune response to leaking sperm causing inflammation around testicle (sperm granuloma)
- Pregnancy in rare event (semen analysis 3 months after vasectomy will verify that no sperm is present)

Before Surgery

- Stop aspirin or any other blood thinners one week before surgery
- Shower and wash genital area thoroughly. Shave the area of surgery area
- Take medication (given to you by the office) to relax you 30 minutes to 1 hour before surgery

What to expect

- Exam of scrotum
- Numbing of surgical area
- Small incision in upper part of scrotum after being numb
- Withdraw the Vas Deferens, tie them seal them with heat and clip them
- Time of procedure is approximately 20-30 minutes.

After Surgery

- Support scrotum with tight fitting underwear for at least 48 hours after surgery
- Use ice periodically for swelling and pain for the three days after surgery
- Rest for 24 hours after surgery
- Light activity for 2-3 days after surgery. Avoid sports or any lifting for approximately 1 week
- No aspirin for 3-7 days after surgery
- Avoid sexual activity for 1 week. If you do ejaculate you may notice blood in semen 3-4 days after surgery
- **Contact the office right away if you have signs of infection such as;**
 - **Pus or blood oozing from surgery site**
 - **Fever or Worsening of pain or swelling**



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Your Rights and Responsibilities as a Patient

COMMERCIAL INSURANCE

YOU HAVE THE RIGHT TO:

Be informed of your diagnosis, treatment choices including non-treatment, and prognosis in terms you can reasonably expect to understand, and to participate in decision making about your health care and treatment plan.
Be provided with information about Insurance Plan, its services and benefits, its providers and your member rights and responsibilities.
Be treated with courtesy and respect, with appreciation for your dignity and protection of your right to privacy.
Discuss your medical record with your physician, and receive upon request a summary copy of that record.
Expect reasonable access to medically necessary health services regardless of race, national origin, religion, physical abilities, or source of payment.
Have a candid discussion with your practitioner about appropriate or medically necessary treatment options for your conditions, and regardless of cost of benefit coverage.
Participate in wellness programs
Privacy and confidentiality regarding your medical care and records. Records pertaining to your health care will not be released without your or your authorized representative's written permission except as required by law.
Receive assistance from our Customer Service Department for concerns and questions

YOU ALSO HAVE THE RESPONSIBILITY TO:

Be considerate and cooperative in dealing with the plan providers and to respect the rights of fellow plan members.
Be honest and open with your physician and report unexpected changes in your condition in a timely manner.
Carry your insurance identification card with you at all times and use it only while enrolled in your plan.
Express opinions, concerns, or complaints in a constructive manner
Follow Health care facility rules and regulation affecting patient care and conduct.
Follow the treatment plan agreed on with your health care provider, and to weigh the potential consequences of any refusal to observe those instructions or recommendations.
Give your Insurance Plan and your Health Care provider complete and accurate information needed in order to care for you.
Obtain and carefully consider all information you may need or desire in order to give informed consent for a procedure or treatment.
Pay all co-payments and/or premiums by the date when they are due.
Read and be aware of all materials distributed by your health plan explaining the policies and Procedures regarding services, and benefits
Schedule appointments, arrive on time for scheduled visits, and notify your healthcare provider if you must cancel or be late for a scheduled appointment.
Tell us in writing if you move, change your address or your phone number, even if these changes are temporary



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MEDICARE

YOU HAVE THE RIGHT TO:

Access medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.

Access your medical records and any other information that pertains to you in a timely manner.

Be involved in decisions regarding the medical care you receive.

Be treated with dignity and respect and the right to privacy.

Change to another network physician if you wish.

Choose your physician from a list of network providers

Disenroll from the plan

Know if medical treatment is for purposes of experimental research and give your consent or refusal to participate in such experimental research.

Know what member support services are available, including language translations.

Know what rules and regulations apply to your conduct

Participate in candid discussions of appropriate or medically necessary treatment options for your conditions regardless of benefit or cost of coverage.

Receive 30 days notice prior to the date of a provider leaving the network.

Receive a treatment plan that includes direct access to a specialist if you have complex or serious medical condition.

Receive quality health care.

Receive treatment for any emergency medical condition.

Refuse any treatment, except as otherwise provided by law.

Request a copy of the plan's grievance and appeals statistic report

Request information about Utilization Management Services

Request information on how the plan reviews new technology for inclusion as a covered benefit.

Take part in wellness programs

Voice complaints about the plan or care provided through a grievance and appeals process

YOU ALSO HAVE THE RESPONSIBILITY TO:

Be honest and open with your physician.

Be on time for your appointment.

Carry your insurance identification card with you at all times and use it while enrolled in your plan.

Disenroll if you permanently move out of the service area or plan to be out of the service area for more than 6

consecutive months.

Follow health care facility rules and regulations affecting patient care and conduct.

Meet all your financial responsibilities to Medicare, the plan and its providers.

Provide information that may impact your care to the plan and its providers.

Learn more about any health condition you may have.

Report to your physician whether you understand your treatment plan and what is expected of you.

Report unexpected changes in your condition to your physician.

Respect the rights of fellow patients.

Understand the results of your actions if you refuse treatment or do not follow your physicians instructions.