

Welcome to the Center for Urogynecology and Reconstructive Pelvic Surgery

At the Center for Urogynecology and Reconstructive Pelvic Surgery, our goal is to provide diagnostic and therapeutic options tailored to a patient's health needs. We offer comprehensive evaluation of the pelvic floor and recommended an individual treatment plan.

We are committed to providing you with the highest quality of healthcare.

Doctor Gopal completed his fellowship training at the Hospital of the University of Pennsylvania. He has published in peer reviewed journals, textbooks and he has presented at national and international scientific meetings, such as the American Urogynecological Society and International Continence Society.

He is currently Chief of Robotics at Saint Peters University Hospital and has been chosen by his peers as a Top Doctor in his field in the State of New Jersey 2016, 2017 and 2018

Our office locations are listed below:

**49 Veronica Ave. , Suite 207, Somerset, New Jersey 08873
111 Union Valley Rd. , Suite 205, Monroe, New Jersey 08831
900 West Main Street, Suite 3 Freehold NJ 07728
1 Route 70 West, Lakewood, New Jersey 08701**

You can reach our office Monday through Friday 8:30 am to 5pm at 877-987-6496

What you should know about Urogynecology

Urogynecology treats problems affecting the female pelvic floor – the urologic gynecologic, and rectal organs, which along with the pelvic floor muscles, occupy the space between the pubic bone and the tail bone.

Why do I need a Urogynecologist?

As the name implies, Urogynecologist have their expertise in gynecology, urology and bowel dysfunction in women. Due to the close proximity of the pelvic organs, there is a frequent Coexistence of problems in adjacent organs. As such women with a “dropped” vagina may also have urinary incontinence or experience problems with bowel movements. It is estimated that more than 45% of women will at some point have problems with bladder control, 10% have problems with prolapse (dropping) of the pelvic organs, and 10% of women will require surgery for correction of these problems.

What is Urinary Incontinence?

Commonly known as lack of bladder control, Urinary Incontinence is a common problem in adult women. There are various types of Urinary Incontinence. Your Urogynecologist will evaluate your bladder function in order to precisely determine what is causing your bladder problem. This will allow him/her to recommend treatments specifically designed for your care. In order to evaluate your bladder function, you may be asked to complete a bladder diary, undergo a full pelvic exam, undergo bladder function testing (Urodynamic Testing) or undergo a Cystoscopy to examine the inside of your bladder.

What is Vaginal/Uterine Prolapse?

Due to the weakness of connective tissues, the Uterus, Vagina, Bladder, or Rectum can drop into the vaginal canal and even into the vaginal opening. This is termed Prolapse. This is analogous to a hernia which can occur along the lower abdomen due to weakness of the tissue of the lower abdominal wall. Prolapse can result in problems affecting the organ which has prolapsed. Urinary Incontinence if the bladder has prolapsed, problems with bowel movements if the rectum has prolapsed.

What Treatments are Available?

Based on your complete evaluation, your Urogynecologist will recommend treatment specifically designed for your case. They will likely be a few options to choose from. The options may include non-surgical treatment such as pelvic floor exercises, oral medications, patch or intra-vaginal devices to help elevate vaginal prolapse, or surgical therapy to correct the anatomic defects.

Pelvic Floor Muscle Rehab (PFMR) Therapy for Urinary Incontinence

What is PFMR?

PFMR can help you learn how to do effective pelvic muscle exercises that strengthen the muscle supports around the bladder, urethra, and rectum. Weak muscles can contribute to stress incontinence and bowel incontinence.

PFMR is also used to treat muscle dysfunction. When muscles are weak or damaged, it can be difficult to know whether the appropriate muscles are being exercised and whether they are being exercised with the proper technique.

How Does PFMR Work?

PFMR involves the use of special electronic or electrical equipment to display information about your pelvic floor muscles. This information is transmitted by small sensors to a unit that creates a picture image on a screen. The visual image may be color bars or a polygraph display (like an EKG tracing). This information communicates the muscle strength, endurance, and function.

Doctors use PFMR to instruct and coach patients in the best ways to improve their muscle function. This may hasten the progress that you make in a pelvic muscle retraining program.

Because you learn the most effective techniques right away, you can concentrate on the strengthening exercises. Also, the techniques you learn during PFMR treatment sessions can be repeated during home practice sessions.

Without PFMR, some people with weak or damaged muscles have more difficulty identifying the pelvic muscles and exercising them to their full capacity.

How Is It Done?

The body signals are transmitted by way of an internal and external sensing device. For instance, an internal tampon-like device is fitted into the vagina, and a similar smaller device is placed in the rectum. External patches are also placed on the abdominal area.

The procedure is safe and non-invasive. None of these devices deliver any electrical current. The primary purpose is to detect and transmit the functioning of the muscle activity so that the person can look at a screen to associate the sensations that are felt during the pelvic muscle exercise with the picture on the screen. This helps the person identify and contract the correct muscles.

Most people are unaware of the pelvic muscles and how they contribute to bladder control. PFMR helps you learn how to become more aware of these important muscles and to use them regularly to improve bladder control.

Pelvic Floor Muscle Rehab (PFMR) Therapy for Urinary Incontinence continued:

PFMR can offer such benefits as...

Helping to visualize and identify appropriate muscles
Helping to focus on exercising the correct muscle groups
Reinforcing efforts to perform the exercise correctly
Teaching how to repeat the exercise correctly
Motivating you to take control of your bladder problem
Recording progress at each session with computer print outs

What Is The Treatment Plan?

At each session, the information collected about your pelvic muscle strength, endurance, and function helps your doctor develop different exercise strategies for continued improvement of your muscle function.' Everyone will have slightly different treatment plans based on their muscle function. Your treatment plan is developed by you and your doctor together, to determine the most practical and effective approaches for muscle training.

How Long Does It Take?

PFMR sessions may take between 15 and 45 minutes, depending upon the goals of the session. Most people find the PFMR sessions interesting and helpful. Between 6 and 8 PFMR sessions may be needed for pelvic muscle re-training.

Tips For Self Care

PRACTICE:

When practicing pelvic muscle exercises at home be sure to set aside time when you can concentrate on performing the exercises as done with biofeedback. Focus on the quality of the contraction, the intensity and the duration.

FOLLOW-UP:

Attend your follow-up sessions; even if you feel you have not practiced your pelvic muscle exercises enough. Usually, the PFMR session will reveal improvements in muscle awareness, control, and function, even if strength has not increased. Even when muscles are exercised a little, there can be some improvements in function. Plus, the PFMR session will motivate you to continue the exercise program.

PROVEN EFFECTS,
OUTSTANDING RESULTS



Scientific research has shown that **95%** of treated patients reported **significant improvement** in their **quality of life**.*



SAY NO
TO INCONTINENCE

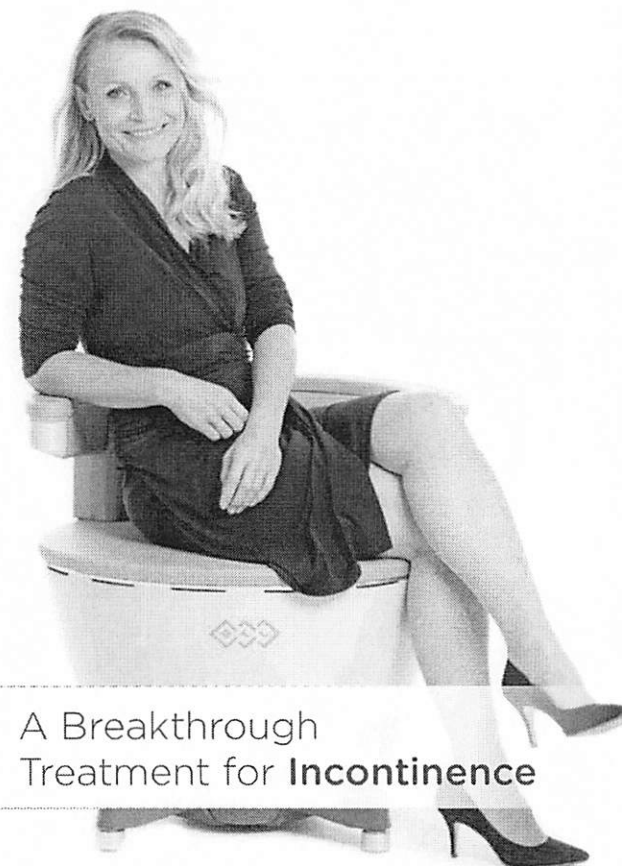


ASK YOUR PROVIDER ABOUT
BTL EMSELLA™ TODAY:

INFO@BTLNET.COM
EMSELLA.COM

BTL EMSELLA™

SAY NO
TO INCONTINENCE



A Breakthrough
Treatment for **Incontinence**

* HIFEM Technology Can Improve Quality of Life of Incontinent Patients
Berenholz J., MD, Sims T., MD, Botros G., MD

Individual results may vary.



Images, names, have been changed for their privacy.
BTL_Emsella_BR_78F_ENTIS-G00099-EMSELLA-EMSELLA-EMSELLA

BTL EMSELLA™

Sit and experience the breakthrough treatment for incontinence.



**FDA CLEARED TREATMENT
FOR INCONTINENCE**



**REMAIN FULLY
CLOTHED**



NON-INVASIVE



**WALK-IN WALK-OUT
PROCEDURE**

“ I have regained my confidence because of my treatment and intend to resume my sport activities. ”

Amanda, Houston, TX

“ To my amazement I shut off a medium strong stream. I could not do that before! ”

Karen, Boston, MA



WHO IS THE RIGHT **CANDIDATE** FOR BTL EMSELLA™?

BTL EMSELLA™ is a great option for women of any age who desire solution for urinary incontinence and improvement in their quality of life.

HOW LONG IS THE **TREATMENT**? HOW MANY SESSIONS DO I NEED?

Your provider will tailor a treatment plan for you. A typical treatment takes about 30 minutes and you will need about 6 sessions, scheduled twice a week.*

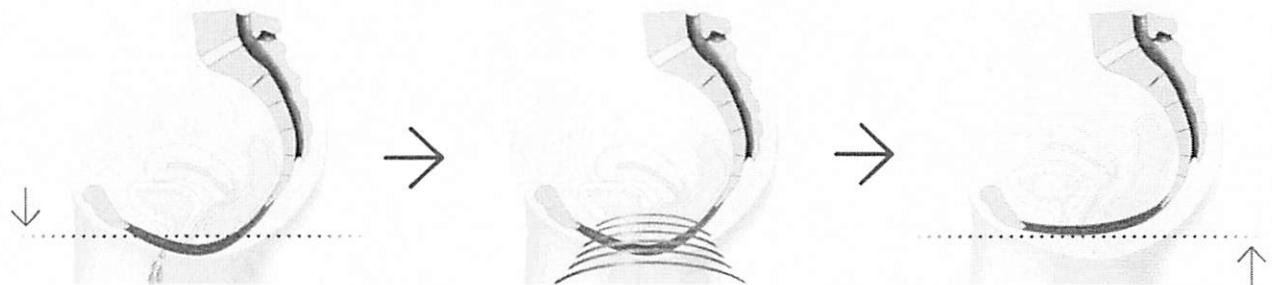
WHAT DOES THE **PROCEDURE** FEEL LIKE? IS IT PAINFUL?

You will experience tingling and pelvic floor muscles' contractions during the procedure. You may resume daily activities immediately after the treatment.

HOW FAST WILL I SEE **RESULTS**?

You may observe improvement after a single session. The results will typically continue to improve over the next few weeks.

BODY AGING, CHILDBIRTH, AND MENOPAUSE CAN LEAD TO **INCONTINENCE**.



BEFORE

Pelvic floor muscles insufficiently support pelvic organs and affect bladder control.

TREATMENT

BTL EMSELLA™ effectively stimulates pelvic floor muscles.

AFTER

Stimulation leads to regained control over pelvic floor muscles and bladder.

HOW DO PRP INJECTIONS WORK?

PRP therapy uses injections of concentrated platelets of the patient's own blood to naturally enhance the healing process of the damaged cells. The blood's platelets contain proteins and other growth factors needed to accelerate the cell's healing process.

?

How long does it take to see results?

Results vary from patient to patient but can sometimes be seen immediately depending on the area being treated. Ask your healthcare provider what results you are expected to see.

How does PRP Therapy work?

A trained medical professional will draw the patient's blood using a PRP kit then place the collected blood into an approved PRP centrifuge. The centrifuge will spin the PRP separating the red blood cells from the platelet-rich plasma. The medical professional will then extract the PRP from the PRP tube and inject the platelets in the targeted area.

How long does a procedure take?

Depending on the area being treated, it can take approximately 30-60 minutes from start to finish.



"THE RESULTS SURPASSED
MY EXPECTATIONS. IT HAS
CHANGED [MY CLIENT'S] LIFE"

*Patient had deep pitted facial acne scarring.
Patient was treated utilizing a microneedling
device and Integrity PRP products.*



INTEGRITY

INTEGRITYPRP.COM

@integrityprp



LEARN MORE ABOUT PRP THERAPY



INTEGRITY

PLATELET RICH PLASMA SYSTEM

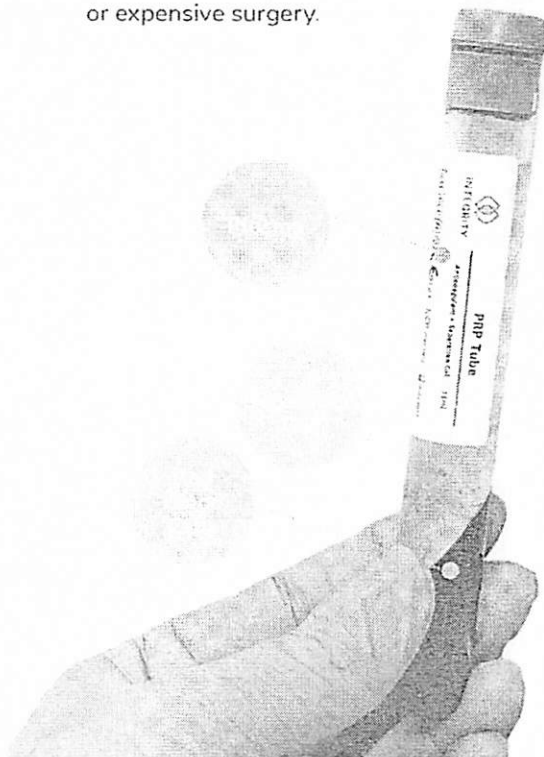


WHAT IS PRP?

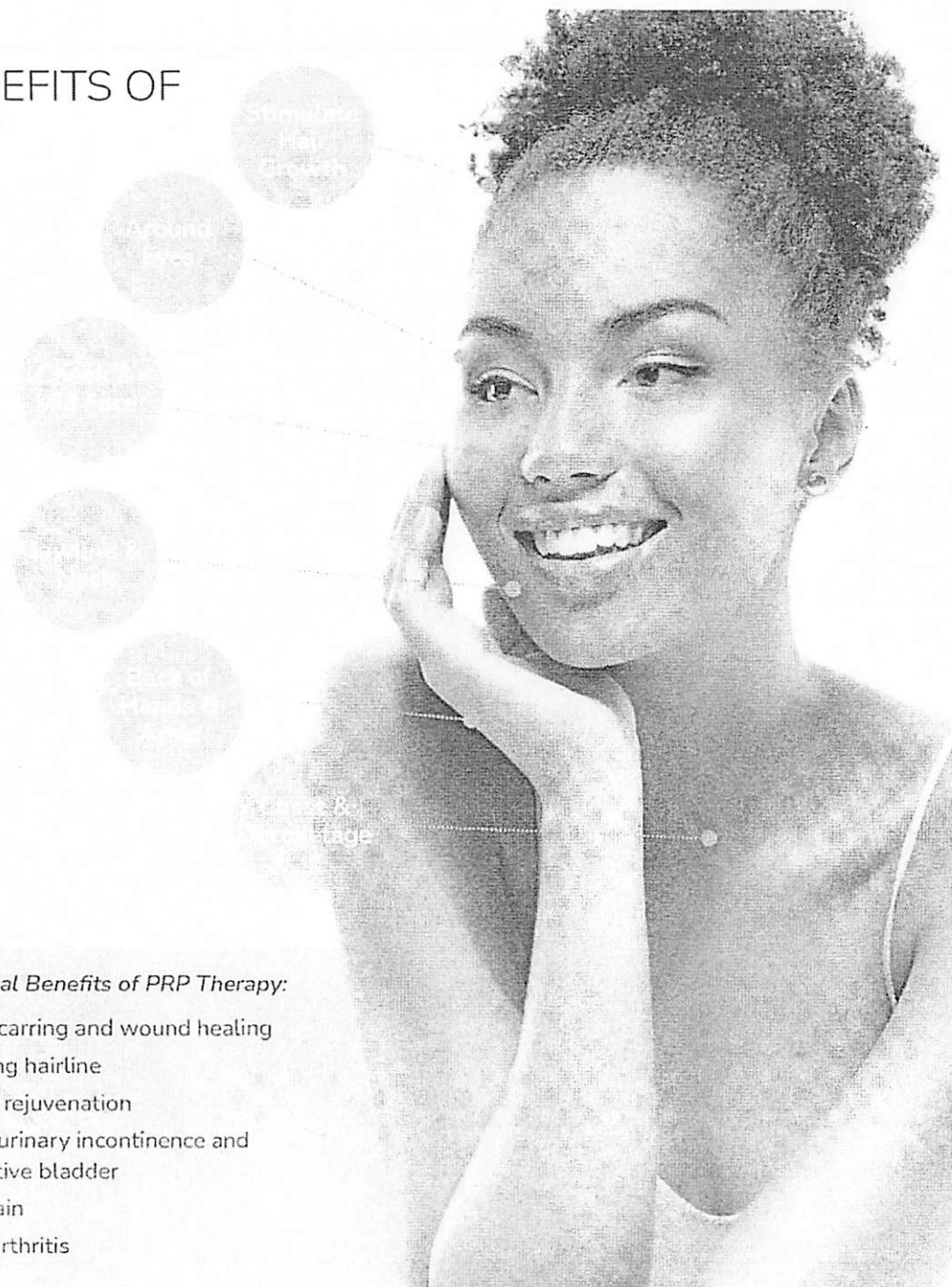
Platelet-rich plasma (PRP) is an autologous concentrated preparation of platelets and the associated growth factors in a small volume of plasma. Platelets release growth factors which regulate the healing cascade by signaling to surrounding cells to repair damaged tissue and regenerate new tissue.

WHY PRP?

The use of platelet-rich plasma has become recognized as an all natural approach to anti-aging without the need for extensive or expensive surgery.



BENEFITS OF PRP



Additional Benefits of PRP Therapy:

- Acne scarring and wound healing
- Thinning hairline
- Sexual rejuvenation
- Treats urinary incontinence and overactive bladder
- Joint pain
- Osteoarthritis



Transforming Women's Healthcare

Center for Urogynecology and Reconstructive Pelvic Surgery

Manish Gopal M.D. MSCE

PLEASE PRINT CLEARLY AND COMPLETE ALL AREAS

Last Name: _____ First Name: _____
Mid: _____
Social Security # _____ - _____ - _____ Date of Birth: _____ - _____ - _____ Age _____
Address: _____ City: _____ State: _____ Zip: _____
☐ Married ☐ Single ☐ Widow
Race: _____ Ethnic Background: _____ Preferred Language: _____
Home Phone: _____ Daytime Phone: _____ Cell Phone: _____
Email Address: _____ Emergency Contact _____ Phone: _____ Relationship: _____

Referring Physician Name: _____ Phone: _____ Fax: _____
Primary Care Physicians Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Gynecologists Name: _____ Phone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Pharmacy Name: _____ Address: _____ Phone: _____

INSURANCE INFORMATION:

Primary Insurance Name: _____ ID# _____ Group# _____
Name of Insured _____ Date of Birth: _____ Copay Amount: _____
Policy Holder Relationship: ☐ Self ☐ Spouse ☐ Partner ☐ Other
Secondary Insurance Name: _____ ID# _____ Group# _____
Name of Insured _____ Date of Birth: _____ Copay Amount: _____
Policy Holder Relationship: ☐ Self ☐ Spouse ☐ Partner ☐ Other

I Authorize the release of medical information to process the claims for medical benefits and any payment of medical benefits to Lifeline Medical Associates LLC. I agree to pay all costs of collection, attorney's fees associated with collection due to services rendered and performed. I am financially responsible to Lifeline Medical Associates, LLC and its successors and assigns and any individual it may designate for balance not covered by insurance. I authorize the release of medical information to any providers and facilities participating in my care under HIPPA regulations.

Signature of Patient or Guardian Date _____ (Expires 2 years from date)

Signature of Patient or Guardian Date _____ (Expires 2 years from date)

PAST MEDICAL HISTORY FORM

NAME: _____ BIRTH DATE: ____/____/____ DATE: ____/____/____

PLEASE CHECK (X) IF YOU HAVE OR HAD ANY OF THE FOLLOWING:

Weight loss	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Weight gain	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Fever	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Fatigue	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Double vision	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Spots before eyes	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Vision changes	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Ear aches	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Ringing in ears	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Sinus problems	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Sore throat	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Mouth sores	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Dental problems	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Painful breathing	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Chest pain	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Difficult breathing:					
On exertion	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Swelling of legs	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Palpitations of heart	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Wheezing	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Spitting up blood	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Shortness of breath	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Cough, chronic	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Diarrhea, frequent	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Bloody stool	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Nausea/vomiting	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Constipation	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Blood in urine	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Pain with urination	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Urgency	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Frequency of urination	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Incomplete emptying	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Stress incontinence	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Abnormal periods	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES
Painful intercourse	<input type="checkbox"/>	CURRENTLY	<input type="checkbox"/>	PAST	NOTES

PLEASE CHECK (X) IF YOU HAVE OR HAD ANY OF THE FOLLOWING:

Muscle weakness	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Pain in breast	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Nipple Discharge	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Masses/Lumps	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Rashes	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Ulcers	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Dizziness	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Seizures	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Numbness	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Trouble walking	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Depression	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Crying, frequent	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Dry skin	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Abnormal thirst	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Hot flashes	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Bruises, frequent	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Cuts do not stop bleeding	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Enlarged lymph nodes	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Allergies	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES
Drugs, other	<input type="checkbox"/> CURRENTLY	<input type="checkbox"/> PAST	NOTES

MAJOR ILLNESSES YES NO MAJOR ILLNESSES YES NO

Asthma Cancer ☐YES ☐NO

Pneumonia Ulcers ☐YES ☐NO

Chronic Lung Disease Depression/anxiety ☐YES ☐NO

Kidney Infections/stones Anemia/Blood transfusions ☐YES ☐NO

Tuberculosis Seizures/convulsions/epilepsy ☐YES ☐NO

Venereal Disease Bowel trouble ☐YES ☐NO

Heart Trouble/murmur Glaucoma ☐YES ☐NO

Diabetes Arthritis/joint pain ☐YES ☐NO

High Blood Pressure Fracture ☐YES ☐NO

Stroke Hepatitis/Yellow jaundice ☐YES ☐NO

Rheumatic Fever Thyroid Disease ☐YES ☐NO

Other Explain: _____

OPERATIONS/HOSPITALIZATIONS

[illegible]

INJURIES/ILLNESSES

[illegible]**LAST IMMUNIZATION OR TEST**

Type	Date				Type	Date
Flu Shot					TB Skin Test	
Pneumonia					Tetanus	
Other:						

OB/GYN HISTORY

	Number				Type	Number
Births					Abortions	
Miscarriages					Living Children	

CURRENT MEDICATIONS

[illegible]

FAMILY HISTORY

High Blood Pressure ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Heart Disease ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Stroke ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Diabetes ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Drinking Problem ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Breast Cancer ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Colon Cancer ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Ovarian Cancer ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____
Other Cancers ☐NO ☐Mother ☐Father ☐Sister ☐Brother ☐Other _____

SOCIAL HISTORY

Habits

Smoking ☐YES ☐NO Packs / day _____ Years _____ If no longer smoking when did you quit? ____
Alcohol ☐YES ☐NO Drinks / day _____ Drinks / week _____ If no longer drinking when did you quit? ____
Drug Use ☐YES ☐NO
Seat Belt Use ☐YES ☐NO
Regular Exercise ☐YES ☐NO

Personal Profile

Marital Status:

Married ☐ Single ☐ Widowed ☐ Divorced ☐

Number of Living Children _____

Number of people in household _____

Education Completed: High School ☐ College ☐ Graduate Degree ☐ Other ☐

Current or most recent Job

During your examination your bladder may need to be emptied by for Dr. Gopal to exam you thoroughly. This will be done by the method of catheterization.

Signature of patient: _____ Date: _____

Physician Signature: _____ Date: _____

Center for Urogynecology and Reconstructive Pelvic Surgery – Manish Gopal MD

For compliance with CMS and Medicare Services – PQRS please complete the questions below.

Date: _____

Name: _____ **Age:** _____

When was your last Pap Smear?

Approximate month and year _____

☐ **Never had one**

Where was it done? _____

When was your last Mammogram?

Approximate month and year _____

☐ **Never had one**

Where was it done?

When was your last DEXA Scan (Bone Density Test)

Approximate month and year _____

☐ **Never had one**

Where was it done?

If you have Osteoporosis have you ever had a fracture due to this condition?

☐ **Yes**

☐ **No**

When was your last Colonoscopy?

Approximate month and year _____

☐ **Never had one**

Where was it done? _____

Have you had a Flu Shot? ☐ **No** ☐ **Yes** **Approximate month and year** _____

Have you a Pneumonia Vaccine? ☐ **No** ☐ **Yes** **Approximate month and year** _____

THANK YOU FOR YOUR COOPERATION

CONSENT FORM

Manish Gopal MD

Lifeline Medical Associates

Center for Urogynecology and Reconstructive Pelvic Surgery

Name: _____ DOB: _____

Consent for Bladder Catherization

This Consent will cover all visits with Physician

At any time you wish to change your consent please inform physician

Bladder Catherization is done for multiple reasons for patients being seen with Urinary and Pelvic issues: To obtain a clean specimen from containing vaginal bacteria, to measure if the bladder is emptying completely after urination and to determine if a urinary tract infection or inflammation is present. It also enables the physician to obtain a better pelvic exam with the bladder completely empty.

Yes, I give my consent to o Bladder Catherization.
if physician deems necessary.

Please sign below:

Signature: _____ Date: _____

☐ Patient refused Catheterization

MA: _____

UROGYNECOLOGY ASSOCIATES OF CENTRAL JERSEY, PC
Manish Gopal MD.

49 Veronica Avenue, Ste 207 Somerset NJ 08873
Phone: 877-987-6496 Fax: 732-578-6568

Medical Records Release

Records Released From:

X Patient Name: _____ DOB: _____

Y I _____ Herby authorize Release of my medical records to:

Urogynecology Associates of Central Jersey, PC – Manish Gopal MD

☐ Complete Medical Record

☐ All Laboratory – Radiology – Hospital and Operative Records

Office Notes From DOS: _____

☐ Mail

Send to Address: 49 Veronica Avenue Suite 207, Somerset New Jersey 08873

☐ Fax

Fax (732) 640-5320 or Fax (732) 578-6568

X Patient Signature: _____

Date: _____

Records Sent via: ☐ Mail ☐ Fax

49 Veronica Ave., Ste 207, Somerset, NJ 08873

Phone (877) 987-6496 - Fax (732) 640-5320 - www.urogynnj.com