

Milwaukee Urology

SPECIALISTS

CHARLES F. KIDD, MD
ELLIOTT C. SILBAR, MD
RACHEL M. QUINN, MD

Date _____

Dear _____

Thank you for choosing Milwaukee Urology Specialists, SC for your urology care. The physicians and staff look forward to seeing you at your upcoming appointment.

Your appointment is scheduled with Dr. _____.

Mon **Tues** **Wed** **Thurs** **Fri**

Date: _____

Time: _____

Office Phone: 414-425-8700 (same phone, both offices)

Franklin: 7400 W. Rawson Avenue, Suite 130, Franklin, WI 53132

Wauwatosa: 1233 N. Mayfair Road, Suite 117, Wauwatosa, WI 53226

Please bring the following:

- The completed new patient forms that are enclosed
- Insurance Cards (Primary and Secondary Cards)
- Please plan on paying any applicable co-payment. We accept Cash, Check or Credit Card
- Picture ID
- We will want to collect a urine sample at the time of your visit. Please try to drink something before you come in. Inform the front desk staff if you need to use the restroom right away when you arrive.

If you need to reschedule your appointment, please contact our office as soon as possible at 414-425-8700.