



Practice & Personal Information Form

Please tell us about your Large Urology Group Practice

If your group has ten or more urologists, the LUGPA needs to know about you! Collecting this information is critical to our efforts; only by identifying as many large groups as possible can the LUGPA realize its full potential to enhance the activities of large urology practices. So please respond; it only takes a moment.

Practice Information

Name of Corporation (the legal name of your large urology group practice)

Number of Urologists in your Large Urology Practice

Number of Offices in your Large Urology Practice

Potential expansion to include additional _____ offices and _____ Urologists, expected _____ (date)

Corporate Mailing Address (the mailing address of your corporate headquarters)

Telephone

Fax

Corporate Website Address

Urologist Information

First Name

Middle Name

Last Name

Degrees

Practice Mailing Address (where you would like to receive mail or other correspondence)

Telephone

Fax

E-mail