



Dear Virginia Urology Patient:

A primary concern of the physicians at Virginia Urology is that quality care is provided to all patients and that patients are satisfied with the outcomes of their treatments. We have found that periodic surveys of the patients to obtain their viewpoint of their treatment and its outcome is essential to maintain high standards of quality care as well as a better understanding of their diseases.

We are collecting information from patients relating to their urologic condition and any medical treatment that they have received. These surveys will provide information to help us better understand the patient's perspective. Any information that you provide will be treated in a confidential manner and will be used to help us better understand your condition and to improve our practice. While it is possible that the information will be used in publications and research presentations, your personal information will be confidential and any such projects will not have information that could reveal your identity. Your answers will be pooled with other people who had a similar treatment or diagnosis for any reporting.

If you are willing to help us in this study, please sign the consent below and complete the attached forms. Although there are several pages, most questions require only that you check or circle a response. There are no right or wrong answers. If you are unsure about how to answer a question, please give us the best answer you can. Blank responses make it difficult to analyze our data. Surveys will also be sent to you at various times after treatment so that we can see how it works for you. Your continued efforts in helping us with these later surveys is very important. While we appreciate your help, you are under no obligation to do so and your medical care will not be compromised in any way if you choose not to participate. If you choose not to participate later on, please notify us in writing at the address noted below.

You may sign and return the consent form at the time of your initial visit. Surveys may be returned at the time of your initial or subsequent visits. Alternatively, you may mail them to:

Amy Burton
Virginia Urology
8228 Meadowbridge Road
Mechanicsville, VA 23116

CONSENT TO PARTICIPATE IN STUDY

I have read the above letter and am willing to complete the attached forms. I understand that all information will be treated confidentially.

SIGNED: _____

DATE: _____