**Referring Physician In-Office Therapy Introduction Sample Letter - Combined**

<Doctor Name>

<Practice Name>

<Address>

Dear Dr. <Doctor’s Name>:

As the aging population in our community grows, we will see an increase in the number of men suffering from Benign Prostatic Hyperplasia. Too often, medication is the only option provided to the patient. I am writing in the hopes that we can collaborate together on the treatment of your BPH patients. Our practice currently offers two non-surgical, minimally invasive treatment options for symptoms related to enlarged prostate. These procedures are Cooled ThermoTherapy™ and Prostiva® RF Therapy from Urologix, Inc. Both treatment options are part of the American Urology Association’s guidelines for the recommended treatment of BPH.

In-office BPH therapy is an excellent non-surgical treatment option which can alleviate the need for your patient to take chronic medication for their enlarged prostate symptoms. As you know, BPH medications can have serious side effects and may even mask the symptoms of more serious diseases. Drugs are typically only moderately effective and can become even less effective over time.1

The clinical data for Cooled ThermoTherapy and Prostiva RF Therapy at five years shows consistently successful and durable outcomes.2,3 These procedures have a low rate of side effects and can be completed in my office in less than an hour with no general or IV anesthesia. 4,5 After the procedure, patients can return home and quickly resume their normal activities. 4,5 Most show a marked improvement in symptoms within six weeks.4,5 In addition, both procedures are covered by Medicare and most private insurance payers.

Clinical study results, patient education materials, and referral pads are all available through either my practice or Urologix at (888) 229-0772. You can also visit the Urologix website at [www.urologix.com](http://www.urologix.com) for more information. Please let me know if you should have any questions or comments. I welcome the opportunity to partner with you in providing optimal, quality care for our patients.

Thank you,

<Urologist’s Name>, MD

<Practice Name>

<Practice Address>

<Phone Number>

1 Wei, et al, High Rates for Continued BPH Medical Therapy among Non responders, AUA2010 Abstract 498

2 Mynderse LA, Roehrborn CG, et al. Results of a 5-Year Multicenter Trial of a New Generation Cooled High Energy Transurethral Microwave Thermal Therapy Catheter for BPH. Journal of Urology. Vol. 185, 1804-1811, May 2011

3 Hill, B., et al Transurethral Needle Ablation vs TURP for the Treatment of Symptomatic BPH: 5 Year Results of a Prospective, Randomized, Multicenter Clinical Trial, Journal of Urology Vol 171, 2336-2340, June 2004

4 Data derived from the CTC Advance® Instructions for Use - 250348 ( www.urologix.com )

5 Data derived from the Prostiva System User Guide 250369-001 ( www.urologix.com )