



A Division of Garden State Urology

David C. Saypol, M.D., M.S., F.A.C.S.
Arthur R. Israel, M.D., F.A.C.S.
David C. Chaikin, M.D., F.A.C.S.
Perry M. Sutaria, M.D., F.A.C.S.
Lee B. Pressler, M.D., F.A.C.S. *

Michele R. Clement, M.D., F.A.C.S.
Pediatric Urology

Diplomats of the American Board of Urology

Adult Urology
Pediatric Urology
Urologic Oncology
Male Infertility
Sexual Dysfunction
Urodynamics
Stone Disease
Female Urology
Cryosurgery
HIFU
Laparoscopic Surgery
Reconstructive Urology
Robotic Surgery

Main office:

261 James Street, Suite 1A
Morristown, NJ 07960
973.539.1050
Fax 973.538.6111
www.muani.com

* 95 Madison Avenue, Suite 302
Morristown, NJ 07960
973.656.0600
Fax 973.656.0200



Dear New Patient and Family:

Welcome to my practice. Your first visit will require some in depth information about your child's urinary and bowel habits. We also will be sending you a questionnaire which will allow you to describe these. However, I have found that most often, more specific information is needed.

Please keep the attached voiding diary meticulously for one week. This will allow me to make better recommendations for your child's care. **If you think the voiding diary is not necessary, or are not planning to do it before your visit for whatever reason, please call (973) 539-1050 and ask to speak to Eleanor.** Otherwise, you may be sent out from the first visit with instructions to keep the voiding diary and then return.

Please do not "just guess" the times for water intake, urinating and bowel movements. The more accurate the information you provide, the better I can help your child.

Instructions for filling out the voiding diary are found on the diary itself, in the lower left hand corner. Please call if you have questions.

Additionally, we will be requesting that your child give a urine sample on arrival. Please do not let your child use that bathroom in the lobby or waiting area before check-in.

Sincerely yours,

Michele Clement, M.D.

VOIDING DIARY

Week of:	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	Sleep	B.M.
	AM	AM	AM	AM	AM	AM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
Sunday																				

- Directions:
1. Place a check mark in the box when the patient urinates.
 2. Please indicate a "A" for accidents and "D" for damp pants.
 3. Please put an "X" in the bowel movement box if your child has a bowel movement.
 4. Put a W in the box when your child drinks water. Only water counts as water.