



**** Consult / Referral Forms are now available on-line at www.collom-carney.com ****

1902 Moores Lane
Texarkana, Tx. 75503
Phone: (903) 792-7515
Fax: (903) 791-8645

UROLOGY CENTER

CONSULT (Request for advice / opinion) or **REFERRAL** (Request for management of care)
(Please only select one request)

REQUESTING PROVIDER INFORMATION

Requesting Provider Name	Requesting Provider Address (street, city, state, zip)
<input type="text"/>	<input type="text"/>

Requesting Provider Telephone	Requesting Provider Fax Number	NPI #
() -	() -	<input type="text"/>

APPOINTMENT REQUEST

DIAGNOSIS

<input type="checkbox"/> First Available <input type="checkbox"/> Cordell Klein, MD <input type="checkbox"/> Patrick J. Somerville, MD <input type="checkbox"/> C. Todd Payne, MD <input type="checkbox"/> Jason Pickelman, MD <input type="checkbox"/> Glen Rountree, MD <input type="checkbox"/> J. Sean Womack, MD	<input type="text"/>
---	----------------------

PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last)	Gender
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Address	City, State, Zip
<input type="text"/>	<input type="text"/>

Date of Birth (mm/dd/yyyy)	Social Security #
<input type="text"/>	<input type="text"/>

Home Telephone	Mobile Telephone	Work Telephone
() -	() -	() - xtn

Does patient need an interpreter?	If yes, what language?
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

Does the patient have medical insurance?	Name of Insurance Company and Plan Number (required for Yes)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

DOCUMENTATION

Please provide consulting physician with all applicable CLINIC NOTES, HISTORY & PHYSICAL, PREVIOUS PROCEDURES, LABORATORY RESULTS, PATHOLOGY REPORTS, RADIOLOGY REPORTS, AND OPERATIVE REPORTS pertinent to the patients visit. Please fax all documentation to (903) 792-6950.
Thank you in advance for the request and your cooperation.