



5002 Cowhorn Creek Drive
 Texarkana, Tx. 75503
 Phone: (903) 614-3001
 Fax: (903) 614-351

INTERNAL MEDICINE

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) | |
| | | | |
| Requesting Provider Telephone | | Requesting Provider Fax Number | NPI # |
| () - | | () - | |

APPOINTMENT REQUEST

DIAGNOSIS

| | | | |
|---|--|--|--|
| <input type="checkbox"/> First Available <input type="checkbox"/> J. Stan Griffin, MD <input type="checkbox"/> Jacqueline Santos-Day, MD <input type="checkbox"/> Troy Potter, MD <input type="checkbox"/> Susan Wong, MD <input type="checkbox"/> Schamma Salomon, MD <input type="checkbox"/> Brandi Langdon, NP <input type="checkbox"/> Stephanie McCorkle, NP <input type="checkbox"/> Shannon Mitchell, NP | | | |
|---|--|--|--|

PATIENT and INSURANCE INFORMATION

| | | | |
|---|--|---|-----------------------|
| Patient Name (First, Middle Initial, Last) | | Gender | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address | | City, State, Zip | |
| | | | |
| Date of Birth (mm/dd/yyyy) | | Social Security # | |
| / / | | - - | |
| Home Telephone | | Mobile Telephone | Work Telephone |
| () - | | () - | () - xtn |
| Does patient need an interpreter? | | If yes, what language? | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Does the patient have medical insurance? | | Name of Insurance Company and Plan Number and Group Number | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | | | |

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) 614-3519.
 Thank you in advance for the request and your cooperation.