



5002 Cowhorn Creek Rd.  
Texarkana, TX. 75503  
Phone: (903) 614-3609  
Fax: (903) 614-3570

## SENIOR CARE CLINIC

☐ **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)

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Requesting Provider Telephone

Requesting Provider Fax Number NPI #

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### APPOINTMENT REQUEST

☐ First Available ☐ Nathan Wright, MD ☐ Amy Davis, APRN-FNP-C

### DIAGNOSIS

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### PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last)

Gender

	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address

City, State, Zip

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Date of Birth (mm/dd/yyyy) Social Security #

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Home Telephone

Mobile Telephone

Work Telephone

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Does patient need an interpreter?

If yes, what language?

<input type="checkbox"/> Y <input type="checkbox"/> N	
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Does the patient have medical insurance?

Name of Insurance Company and Plan Number and Group Number

<input type="checkbox"/> Y <input type="checkbox"/> N	
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### 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) 614-3570.  
Thank you in advance for the request and your cooperation.