



5002 Cowhorn Creek Drive  
Texarkana, Tx. 75503  
Phone: (903) 614-3003  
Fax: (903) 614-3520

## OB / GYN

☐ **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

### DIAGNOSIS

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|--|--|--|
| <input type="checkbox"/> First Available<br><input type="checkbox"/> Jon Northam, MD<br><input type="checkbox"/> Melissa Lamon, APRN, FNP- C | <input type="checkbox"/> D'Andra Bingham, MD<br><input type="checkbox"/> David Greathouse, MD<br><input type="checkbox"/> Stephanie Strode, APRN-WHNP-BC | <input type="checkbox"/> Stacy Leonard, M.D. |
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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) 614-3520.  
Thank you in advance for the request and your cooperation.