

Collom & Carney Clinic OFFICE USE ONLY Please scan form to Chart Note for Clinic Physician

Patient MR #

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)

(Please only select one request)			
REQUESTING PROVIDER INFORMATION	ON		
Requesting Provider Name	Requesting Provider Address	s (street, city, state, zip)	
Requesting Provider Telephone	Requesting Provider Fax Number	er NPI#	
-	-		
APPOINTMENT REQUEST			DIAGNOSIS
□ First Available □ J. Stan Griffin, MD □ Troy Potter, MD □ Schamma Salomon, MD □ Cheryl Verma, MD □ Susan Wong, MD □ Brandi Langdon, APRN, FNP □ Stephanie McCorkle, APRN, FNP □ Shannon Mitchell, APRN, ACNP			
PATIENT and INSURANCE INFORMATI Patient Name (First, Middle Initial, Last)	ON	Gender	
		□ Male	□ Female
Address	City, State, Zip		
Date of Birth (mm/dd/yyyy) Social Security #			
- /	-		
Home Telephone Mobile T	elephone V	Vork Telephone	
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Does patient need an interpreter?	If yes, what language?		
□ Y □ N			
Does the patient have medical insurance? Name of Insurance Company and Plan Number and Group Number			
□ Y □ 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.			

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