



5002 Cowhorn Creek Road
Texarkana, TX 75503
Phone: (903)614-3018
Fax: (903) 614 3529

After hours phone: Brooke Waller 318-680-9592 • Dr. Cumbie 903-733-0939 • Dr. DeCaprio 903-244-5382

VASCULAR SURGERY

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"/> Todd Cumbie, MD <input type="checkbox"/> Jeffrey DeCaprio, MD <input type="checkbox"/> 1-3 days <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> within 1 month	AAA Carotid Stenosis PAD Varicose Veins
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 and Group Number
<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) 614-3529.
Thank you in advance for the request and your cooperation.