



Westside
815 N. Kings Hwy
Wake Village, TX 75501
Phone: 903.614.3700
Fax: 903.832.7163

WESTSIDE

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

First Available Jon Tarpley MD H. Lawson Kile, MD
 Sara Miers, APRN-FNP-C Kyle Jones, APRN-FNP-C

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PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last) Gender

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| | <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?

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| <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 (required for Yes)

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| <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) 793-8000.
Thank you in advance for the request and your cooperation.

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| Patient MR # | Patient ID # |
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