



5002 Cowhorn Creek Drive
Texarkana, Tx. 75503
Phone: (903) 614-3001
Fax: (903) 614-3519

INTERNAL MEDICINE

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

- | | |
|--|--|
| <input type="checkbox"/> First Available <input type="checkbox"/> Troy Potter, MD <input type="checkbox"/> J. Stan Griffin, MD <input type="checkbox"/> Susan Wong, MD | |
| <input type="checkbox"/> Brandi Langdon, APRN-FNP <input type="checkbox"/> Shannon Mitchell, APRN-ACNP | |
| <input type="checkbox"/> Jenisa Johnson, APRN-FNP | |

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) 614-3519.
Thank you in advance for the request and your cooperation.