



5002 Cowhorn Creek Drive  
Texarkana, Tx. 75503  
Phone: (903) 614-3004  
Fax: (903) 614-3503

## ACUTE CARE

☐ **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)	
Requesting Provider Telephone	Requesting Provider Fax Number	NPI #	
(       )       -	(       )       -		

### APPOINTMENT REQUEST

### DIAGNOSIS

☐ First Available  
 ☐ Greg Richter, MD  
 ☐ Jeff Thomas, MD  
☐ Claudia Jordan, MD  
 ☐ Cheryl Verma, MD  
 ☐ William Bowling, PA  
☐ Kyle Keith, PA  
 ☐ Virginia Parker, APRN-FNP  
 ☐ Andrea Heflin, APRN, GNP

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### PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last)		Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City, State, Zip	
Date of Birth (mm/dd/yyyy)		Social Security #	
<div> <div>/</div> <div>/</div> </div>		<div> <div>-</div> <div>-</div> </div>	
Home Telephone	Mobile Telephone	Work Telephone	
(       )       -	(       )       -	(       )       -       xtn	
Does patient need an interpreter?		If yes, what language?	
<input type="checkbox"/> Y <input type="checkbox"/> N			
Does the patient have medical insurance?		Name of Insurance Company and Plan Number and Group Number	
<input type="checkbox"/> Y <input type="checkbox"/> 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) 614-3503.  
Thank you in advance for the request and your cooperation.