



5002 Cowhorn Creek Drive  
 Texarkana, Tx. 75503  
 Phone: (903) 614-3003  
 Fax: (903) 614-3520

### OB / GYN

**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

<input type="checkbox"/> First Available <input type="checkbox"/> D'Andra Bingham, MD <input type="checkbox"/> Jennifer Thompson, MD <input type="checkbox"/> Jon Northam, MD <input type="checkbox"/> James Scales, MD <input type="checkbox"/> David Greathouse, MD <input type="checkbox"/> Emily Williams, MD <input type="checkbox"/> Laura Jackson, NP <input type="checkbox"/> Melissa Lamon, NP	
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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 #
/   /	-   -

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) 614-3520.  
 Thank you in advance for the request and your cooperation.

