



5002 Cowhorn Creek Drive  
Texarkana, Tx. 75503  
Phone: (903) 614-3010  
Fax: (903) 614-3518

### PHYSIATRY

**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"/> <b>Richard Sharp, MD</b>	
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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) 614-3518.*

*Thank you in advance for the request and your cooperation.*

Patient MR #	Patient ID #