



\*\*\*\* Consult / Referral Forms are now available on-line at [www.collom-carney.com](http://www.collom-carney.com) \*\*\*\*

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### UROLOGY CENTER

**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)
<input type="text"/>	<input type="text"/>

Requesting Provider Telephone	Requesting Provider Fax Number	NPI #
(    )    -	(    )    -	<input type="text"/>

#### APPOINTMENT REQUEST

#### DIAGNOSIS

<input type="checkbox"/> <b>First Available</b> <input type="checkbox"/> <b>Cordell Klein, MD</b> <input type="checkbox"/> <b>Patrick J. Somerville, MD</b> <input type="checkbox"/> <b>C. Todd Payne, MD</b> <input type="checkbox"/> <b>Jason Pickelman, MD</b> <input type="checkbox"/> <b>Glen Rountree, MD</b> <input type="checkbox"/> <b>J. Sean Womack, MD</b>	<input type="text"/>
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#### PATIENT and INSURANCE INFORMATION

Patient Name (First, Middle Initial, Last)	Gender
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Address	City, State, Zip
<input type="text"/>	<input type="text"/>

Date of Birth (mm/dd/yyyy)	Social Security #
<input type="text"/>	<input type="text"/>

Home Telephone	Mobile Telephone	Work Telephone
(    )    -	(    )    -	(    )    -    xtn

Does patient need an interpreter?	If yes, what language?
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

Does the patient have medical insurance?	Name of Insurance Company and Plan Number (required for Yes)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>

#### 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) 792-6950.  
Thank you in advance for the request and your cooperation.