

### REFERRAL INFORMATION

Refer Date: \_\_\_\_\_  
 Refer MD: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_  
 NPI# \_\_\_\_\_  
 Refer MD Address: \_\_\_\_\_  
 Refer MD fax: \_\_\_\_\_  
 Refer MD phone: \_\_\_\_\_  
 Refer DX: *Please see a list of frequently used diagnosis codes* \_\_\_\_\_  
 Patient referred to: \_\_\_\_\_

### PATIENT INFORMATION

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 PCP phone: \_\_\_\_\_  
 PCP fax: \_\_\_\_\_  
 PCP Address: \_\_\_\_\_

<b>LIVER SURGERY</b> <i>Vivek Kohli, M.D.</i> <i>John P. Duffy, M.D.</i> <i>Lori, Kautzman, M.D.</i>	<b>LUNG</b> <i>Qasim M. Mirza, M.D.</i>
<b>HEPATOLOGY</b> <i>Robert McFadden, M.D.</i> <i>Hany A. Elbeshbeshy, M.D.</i> <i>Joykumar Patel, M.D.</i>	<b>KIDNEY/PANCREAS</b> <i>Jose El-Amm, M.D.</i> <i>E.N. Scott Samara, M.D.</i> <i>E.N. Shea Samara, M.D.</i> <i>Alan, Holo, M.D.</i>
<b>PEDIATRIC LIVER</b> <i>Michael Morris, M.D.</i>	<b>HEART</b> <i>James W. Long, M.D., Ph.D.</i> <i>Douglas A. Horstmanshof, M.D.</i> <i>David Nelson, M.D.</i>

### FINANCIAL/INSURANCE COMMENTS

Primary Insurance \_\_\_\_\_  
 Cardholder/Subscriber \_\_\_\_\_  
 Benefit Phone \_\_\_\_\_  
 ID# \_\_\_\_\_ Group# \_\_\_\_\_

Secondary Insurance \_\_\_\_\_  
 Cardholder/Subscriber \_\_\_\_\_  
 Benefit Phone \_\_\_\_\_  
 ID# \_\_\_\_\_ Group# \_\_\_\_\_

FOR AN APPOINTMENT PLEASE SEND AVAILABLE RECORDS TO:  
**Intake Coordinator**  
**FAX: (405) 713-7643 PHONE: 800-991-3349**

#### LIVER DIVISION

PATIENT DEMOGRAPHICS  
 LABS (MOST RECENT)  
 CLINIC NOTES (1 YEAR)  
 HISTORY & PHYSICAL  
 CT SCANS ON CD  
 COPY OF INSURANCE CARDS  
 PSYCHOSOCIAL HISTORY  
 PATHOLOGY REPORTS (BIOPSY)  
 IMMUNIZATION RECORDS  
 ULTRASOUNDS  
 EKG/CHEST X-RAY  
 EGD/COLONOSCOPY

#### HEART AND LUNG DIVISION

PATIENT DEMOGRAPHICS  
 LABS (MOST RECENT)  
 CLINIC NOTES (1 YEAR)  
 HISTORY & PHYSICAL  
 CT SCANS  
 COPY OF INSURANCE CARDS  
 ECHOCARDIOGRAM  
 PULMONARY FUNCTION TEST  
 CHEST X-RAY  
 ULTRASOUNDS  
 LEFT AND RIGHT HEART  
 CATHETERIZATION (FILMS AND REPORT)



#### ADDITIONAL RECORDS: HCV PTS.

HCV RNA QUANTITATIVE  
 HCV GENOTYPE  
 HEP C ANTIBODY

**How did you hear about us?** \_\_\_\_\_  
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