1402 Medical Drive | Sulphur Springs, TX 75402
Phone: 903-558-2222 | Fax: 903-558-2225
txmoderngi.com. | info@txmoderngi.com

Referral Information

Referring Provider: ____________________

Office Phone Number: ____________________

Office Contact Person: ____________________

Office Contact Number/Extension: ____________________

Date of Referral: ____________________

Records Sent: ☐ Yes ☐ No

We kindly ask that all relevant information, including labs, radiology reports, operative reports and previous endoscopic records be sent to our office with the referral request PRIOR to the patient visit

Urgency of Referral:

☐ Non-Urgent

☐ Next Available

☐ Urgent/Stat *(Please call office directly at 903-558-2222)*

☐ **For in office consultation:**

Please list referral reason:

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☐ **For Direct Access Screening Colonoscopy**

Please note that direct access includes first time screeners or those with no previous history of polyps or colorectal cancer

PATIENT INFORMATION

First Name ____________________ MI __________ Last Name ____________________

Date of Birth ______/______/______ SSN: ____________________ Email: ____________________

Address: ____________________

City: ____________________ State: ____________________ Zip: ____________________

Home Phone: ____________________ Work Phone: ____________________ Cell Phone: ____________________

INSURANCE INFORMATION

Insurance Carrier: ____________________ Policy #: ____________________ Group #: ____________________

Insured Name: ____________________ Insured Employer: ____________________ Insured DOB: ____________________

Patient's Relationship to Insured: ____________________ Guarantor Name: ____________________

Guarantor DOB: ____________________ Guarantor Phone: ____________________ Guarantor SSN: ____________________