



**DIGESTIVE
DISEASE
SPECIALISTS, INC.**

DDSI Use Only

Date rec'd: _____
Initial contact date: _____
Appt date/time: _____
PCP notified: Fax Email
Info mailed date: _____

Referral for Consultation or Procedure

Referral status: Routine
 Urgent

I am referring my patient to see:

Baptist Medical Center

- Paul N. Maton, M.D.
- Don P. Murray, M.D.
- Carl A. Raczowski, M.D.
- Robert A. Rankin, M.D.
- Abbas Raza, M.D.
- Kenneth A. Seres, M.D.
- Dan W. Smith, M.D.
- David S. Stokesberry, M.D.
- Clinton G. Wallis, M.D.

Fax (405) 702-1280

Southwest Medical Center

- Son Nguyen, M.D.
- Barry G. Perkins, M.D.
- Syed Rizvi, M.D.
- Robert L. Wilson, M.D.

Fax (405) 635-4073

Integrus Edmond Office

- Larry A. Bookman, M.D.
- Sikandar A. Mesiya, M.D.
- BaoLong Nguyen, M.D.

Fax (405) 737-7674

Yukon Office

(Canadian Valley Regional)

- Paul N. Maton, M.D.
- Son Nguyen, M.D.
- Carl A. Raczowski, M.D.
- Robert A. Rankin, M.D.
- Syed Rizvi, M.D.
- Kenneth A. Seres, M.D.
- David S. Stokesberry, M.D.
- Clinton G. Wallis, M.D.

Fax (405) 717-5386

Edmond Medical Office

- Larry A. Bookman, M.D.
- Sikandar A. Mesiya, M.D.
- BaoLong Nguyen, M.D.

Fax (405) 737-7674

Kingfisher Office

- Kenneth A. Seres, M.D.

Fax (405) 702-1280

Midwest City Office

- Larry A. Bookman, M.D.
- Sikandar A. Mesiya, M.D.
- BaoLong Nguyen, M.D.

Fax (405) 737-7674

Gaillardia Office

- Ross S. Keener, M.D.
- Fax (405) 752-4718**

David Neumann, M.D.
Fax (405) 751-9606

Arun Sachdev, M.D.
Fax (405) 751-6953

Verapan Vongthavaravat, M.D.
(Dr. Vong)
Fax (405) 752-0117

OR **First Available Physician at _____ location.**

Patient Name: _____

Patient DOB: _____

Best contact phone: _____

Insurance: _____

Reason for referral: _____

Referring Physician: _____

Diagnosis codes: _____

Physician Contact Phone: _____

Services Requested:

- Consult/Treat
- EGD
- Other: _____
- Screening colonoscopy (**no** symptoms)
- Diagnostic colonoscopy (signs/symptoms)

Please notify my office when the patient's appt is scheduled or if the patient declined to schedule.

Please send the following information with this referral:

- Legible copies of last clinic note and any pertinent medical tests (if referring for consultation)
- Legible copies (front & back) of insurance card(s) and patient demographic information.
- Please tell your patient they can expect a call to schedule their appointment within 5 working days of a completed referral.

Thank you for referring your patient to the physicians of Digestive Disease Specialists.

www.okddsi.net