



DDSI Use Only

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

Referral for Consultation or Procedure

I am referring my patient to see:

Baptist Medical Center

- Paul N. Maton, M.D.
- Don P. Murray, M.D.
- Carl A. Raczkowski, M.D.
- Robert A. Rankin, 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

Edmond / Midwest City

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

Fax (405) 737-7674

Mercy McAuley Bldg

- Ross S. Keener, M.D.

Fax (405) 752-4718

Mercy Plaza Bldg

- David Neumann, M.D.

Fax (405) 751-9606

Mercy Tower Bldg

- Arun Sachdev, M.D.

Fax (405) 752-6953

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

OR **First Available Physician**

Referral Status: **Routine** **Urgent**

Patient Name: _____

Pt DOB: _____

Best contact phone: _____

Insurance: _____

Reason for referral: _____

Referring Physician: _____

Diagnosis codes: _____

Physician Contact Phone: _____

Services Requested:

- Consult/Treat Screening colonoscopy EGD Other _____

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

Please send the following information:

- *Please enclose legible copies of last clinic note and any pertinent medical tests (if referring for consultation)*
- *Please attach 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.