



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 Office

- Neil Crittenden, M.D.
- Matthew A. McBride, M.D.
- David Neumann II, M.D.
- Salman Nusrat, M.D.
- Carl A. Raczkowski, M.D.
- Jeffrey D. Scott, M.D.
- Kenneth A. Seres, M.D.
- Zachary Smith, M.D.
- David S. Stokesberry, M.D.
- Verapan Vongthavaravat, M.D.
- Sumit A. Walia, M.D.
- Ashley Bouknight, APRN, FNP-C
- Misty Dean, APRN-CNP

Phone: (405) 702-1300
Fax: (405) 702-1280

Edmond Office

- Arifa Khan, M.D.
- Pramoda Koduru, M.D.
- Sikandar A. Mesiya, M.D.
- Baolong Nguyen, M.D.

Phone (405) 471-6690
Fax (405) 604-3401

Midwest City Office

- Arifa Khan, M.D.
- Pramoda Koduru, M.D.
- Sikandar A. Mesiya, M.D.
- Baolong Nguyen, M.D.

Phone (405) 737-4464
Fax (405) 737-7674

South Office

- Maria Chang, M.D.
- Ross S. Keener, M.D.
- Son Nguyen, M.D.
- Syed Rizvi, M.D.
- Trisha Taron, APRN, FNP-C

Phone: (405) 632-4000
Fax: (405) 632-4073
Fax: (405) 635-3702

Yukon Office

- Neil Crittenden, M.D.
- Son Nguyen, M.D.
- Carl A. Raczkowski, M.D.
- Syed Rizvi, M.D.
- Jeffrey D. Scott, M.D.
- Kenneth A. Seres, M.D.
- Zachary Smith, M.D.
- Verapan Vongthavaravat, M.D.
- Sumit A. Walia, M.D.
- Misty Dean, APRN-CNP

Phone: (405) 717-5380
Fax: (405) 717-5386

OR **First Available Physician at _____ location**

Patient Name: _____

Pt DOB: _____

Best contact phone: _____

Insurance: _____

Reason for referral: _____

Referring Physician: _____

Diagnosis code(s): _____

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:

- 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.