

East Texas Infectious Disease Consultants New Patient Referral Form

- Richard Yates, M.D.
- Steven Hickerson, M.D.
- Brock Lutz, M.D.
- June Belt, N.P. (UTIs, soft tissue and skin infections)
- First available

As soon as an appointment has been scheduled for the patient, we will fax this form back to your office so you will be able to contact the patient with the appointment information. We request that you do not call the office for an appointment time—unless urgent—as this does delay the scheduled process.

If the physician feels the patient requires attention sooner than the first available appointment the referring physician must call the physician on call at 903-509-6000 to see what special arrangements may be made.

Referring doctor: _____

Contact name: _____

Phone number: _____

Fax number: _____

Date of referral: _____

Patient name: _____

Address: _____

Phone number: _____

DOB: _____ SSN: _____

Primary Ins: _____

Secondary Ins: _____

Diagnosis (reason for referral): _____

We must receive this form completed, along with a face sheet, any lab results, including cultures and sensitivities, physician notes and radiology reports pertaining to the diagnosis before we can schedule an appointment. **Please fax records to Vanessa or Dana at 903-592-4474.**

Office Use Only
Appt date: _____
Appt time: _____
Date paperwork mailed: _____

Thank you for the referral!