



920 NE 13th Street | Oklahoma City, OK 73104  
Phone (405) 271-7498 | Toll Free (877) 817-6911 | Fax (405) 271-4329

### Liver Cancer, Bile Duct, Gall Bladder & Hepatobiliary Surgery Referral

Are you referring this patient for a Liver Transplant Evaluation?  YES  NO

DATE: \_\_\_\_\_ This is a Non-English speaking patient:  YES  NO  
Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Referring Diagnosis: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send the following information with the referral form: (if available)**

- Demographics  Labs (most recent)
- Insurance info (card front & back)  Radiology & other diagnostic imaging **CD/DISKS**
- H & P Other: \_\_\_\_\_
- Office/clinic/progress notes Other: \_\_\_\_\_
- Operative reports
- Medication list

**\*PLEASE SEND, VIA FEDEX, ALL CURRENT IMAGING (CT/MRI SCANS) ON DISK AS THEY ARE REQUIRED PRIOR TO THE FIRST OFFICE VISIT**

URGENT APPOINTMENT NEEDED:  Yes  No

REFERRING PHYSICIAN: \_\_\_\_\_ NPI: \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_