



9320 S Mingo Rd
Tulsa, OK 74133
Phone: 918-879-1700 Fax: 918-879-1701

Please fax/mail this form along with recent office notes, medication list, all diagnostic reports, front and back of insurance card(s), and insurance referral.

Please call us with any questions at 918-879-1700.

MUST SEND ALL IMAGING

Patient Information:

Name: _____ DOB: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Work Phone: _____
SS #: _____ Cellular: _____
Insurance Carrier: _____
Diagnosis or presenting problem: _____

Service Requested:

Consult & Management
 Consult Only
 Procedure Only (specify)

Physician Requested:

First Available
 Hugo Salguero, MD
 Lam Nguyen, DO
 Kenneth Reed, MD

Would you like confirmation of the patient's appointment date/time? yes no

Referring physician: _____
Address: _____
City/State/ZIP: _____
Phone: _____ Fax: _____

Please provide the following information ONLY if this is your first time referring to our office.

License #: _____ Tax ID #: _____
UPIN #: _____ Medicaid Provider #: _____

Thank you for your referral!