



Referral Coordinators: Kristi Franklin (918)301-3114

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REFERRAL FORM:

Dr. / Clinic: _____ Email: _____

Contact Name: _____ Phone #: _____

Clinic / Office Address: _____ Fax #: _____

REFERRAL TO:

Schedule Patient listed below with

James Bischoff, MD

Brian Chalkin, DO

Yogesh Mittal, MD

First Available

Chad Hanson, DO

Brian Graham, PA-C

Maissa Mitwalli, PA-C

Carlee Grimes, PA-C

LaDena Ballard, PA-C

Lisa Mogelnicki, DPM

Greg Holt, MD

Victor Palomino, DO

Location: Midtown Jenks

Patient can see PA on 1st Visit: Yes No

Chief Complaint

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ SS# _____ Phone # _____

Cell #: _____ Work # _____ Male Female

Address: _____

Alternate Contact Name: _____

Relationship: _____ Phone # _____

INSURANCE INFORMATION: (If Work Comp please check here)

Insurance: _____ Policy # _____

Policy Holder: _____ Policy Holder DOB _____

Group #: _____

Authorization: _____

SPECIAL INSTRUCTIONS: