



Referral Coordinators: Kristi Franklin (918)301-3114

Heather Breshears (918) 301-3128

Referral Fax (918) 301-4220

Email: tocreferrals@toctulsa.com

REFERRAL FROM:

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Dr. / Clinic:

\_\_\_\_\_

Email:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Clinic / Office Address:

\_\_\_\_\_

Fax #:

\_\_\_\_\_

REFERRAL TO:

Schedule Patient listed below with

First Available

James Bischoff, MD

Brian Chalkin, DO

Yogesh Mittal, MD

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

Jaya Prasad Shanmugam, MD  
Bartlesville

Location:  Midtown

Jenks

Bartlesville

Patient can see PA on 1<sup>st</sup> Visit:

Yes

No

Chief Complaint

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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: