



MAIN LOCATIONS

850 Olive Street, Suite A, Shreveport, LA 71104
 10600 Industrial Drive, Minden, LA 71055
 211 Medical Drive, Natchitoches, LA 71457
 2106 Loop Rd Ste B, Winnsboro LA 71295

Please fax Referral Packet to (805) 295-4715 or give us a call or text us at (318) 239-4860

STEP 1: SELECT A LOCATION

<input type="checkbox"/> Shreveport	<input type="checkbox"/> Natchitoches	<input type="checkbox"/> Springhill	<input type="checkbox"/> Vivian
<input type="checkbox"/> Minden	<input type="checkbox"/> Jonesboro	<input type="checkbox"/> Homer	<input type="checkbox"/>

STEP 2: SELECT A PHYSICIAN

Hematology/ Oncology	<input type="checkbox"/> Endocrinology - Dr. Binod Pokhrel ** MUST include the disc with diagnostic imaging
<input type="checkbox"/> Dr. Manish Dhawan	<input type="checkbox"/> Rheumatology – Dr. Richa Dhawan
<input type="checkbox"/> Alicia Lowery, NP	<input type="checkbox"/> GYN/Bioidentical Hormone Therapy - Dr. Joseph Pineda

STEP 3: ATTACH ITEMS (attach all documents behind this coversheet)

<input type="checkbox"/> Patient Demographic Face sheet
<input type="checkbox"/> Insurance Cards
<input type="checkbox"/> Last Visit Note
<input type="checkbox"/> Last X-rays/ imaging/ pathology *for endo: MUST include the disc w/ diagnostic imaging
<input type="checkbox"/> Last Labs
<input type="checkbox"/> Diagnosis Documentation

STEP 4: COMPLETE THIS SECTION

Request Speed	<input type="checkbox"/> Urgent (1-2 days)	<input type="checkbox"/> Non-Urgent (5-7 days)
Today's Date		
Referring Provider		
Nurse / Contact Name	FAX #:	
Patient Name	DOB:	
Contact Information	HOME:	CELL:
Referring Diagnosis		

PLEASE CHECK THE BOX FOR THE SERVICE REQUESTED

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> FASENRA | <input type="checkbox"/> IRON |
| <input type="checkbox"/> IVIG | <input type="checkbox"/> NEW PATIENT: ONCOLOGY |
| <input type="checkbox"/> NUCALA | <input type="checkbox"/> NEW PATIENT: HEMATOLOGY |
| <input type="checkbox"/> RECLAST | <input type="checkbox"/> NEW PATIENT: ENDOCRINOLOGY |
| <input type="checkbox"/> REMICADE | <input type="checkbox"/> CANCER GENETIC TESTING |
| <input type="checkbox"/> RITUXAN | <input type="checkbox"/> OTHER: _____ |