



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**

QUESTIONS??
TEXT US: (318) 632-7932
CALL US: (318) 239-4860 OPTION 4
EMAIL US: KHICKS@DRMDCLINICS.COM

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		

STEP 2: SELECT A PHYSICIAN

Hematology/ Oncology	<input type="checkbox"/> Endocrinology - Binod Pokhrel, MD
<input type="checkbox"/> Manish Dhawan, MD	<input type="checkbox"/> Rheumatology –Richa Dhawan, MD
<input type="checkbox"/> Alicia Lowery, FNP-C	<input type="checkbox"/> GYN/Bioidentical Hormone Therapy - Joseph Pineda, MD

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"/> Relevant imaging/ pathology / 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: _____ |