



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: CHOOSE A LOCATION

Providers: Manish Dhawan, MD, Alicia Lowery, FNP-C, Kasey Robinson, FNP-C, Jholeh Jones, FNP-C

- WINNSBORO/FMC SPECIALTY CLINIC FERRIDAY / TRINITY MEDICAL CLINIC

STEP 2: 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 3: 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"/> RECLAST |
| <input type="checkbox"/> IRON | <input type="checkbox"/> REMICADE |
| <input type="checkbox"/> IVIG | <input type="checkbox"/> CANCER GENETIC TESTING |
| <input type="checkbox"/> NEW PATIENT: ONCOLOGY | <input type="checkbox"/> RITUXAN |
| <input type="checkbox"/> NUCALA | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> NEW PATIENT: HEMATOLOGY | |