Print Out and Fax Back

LIVER SPECIALISTS of TEXAS

New Patient Referral Form

Kindly print all of the information requested

Referring Physician: _____

Office Telephone Number: _____ Office Fax Number: _____

Office Contact Staff: _____

Patients Name: _____

Date of Birth: Day_____ Month____ Year_____

Telephone Number: Day _____ Evening _____ Cell _____

Insurance Information

Primary Insurance: _____

Policy Number: _____

Secondary Insurance (if applicable) _____

Policy Number: _____

Reason For Referral (select all that apply)

- ☐ Hepatitis C
- ☐ Hepatitis B
- ☐ Fatty Liver
- ☐ Liver Transplant evaluation
- ☐ Management of cirrhosis and its complications
- ☐ Liver Tumor/Abnormal imaging study
- ☐ Abnormal Liver Chemistries
- ☐ Other Form of Chronic Liver Disease
- ☐ Colon Cancer Screening
- ☐ Chronic Abdominal Pain
- ☐ Dyspepsia/Dysphagia
- ☐ Weight Loss
- ☐ Anemia/GI Bleeding
- ☐ Malnutrition
- ☐ Diarrhea
- ☐ Constipation
- ☐ Other GI Issue
- ☐ Biliary Disease
- ☐ Metabolic Disorder
- ☐ Pancreatitis

Urgency of Evaluation

- ☐ Next Available-Non Urgent
- ☐ Sooner Than Later-But Not Critical
- ☐ Urgent-Recent Hospitalization Or Serious Complication*

* *Requires physician phone call and records to be sent*

FAX BACK FORMS TO 713-794-0610

Joseph S. Galati, M.D.
www.texasliver.com

Fax Cover Sheet

New Patient Referral Request

LIVER SPECIALISTS of TEXAS

TO: Joseph S. Galati, M.D.	FROM:
COMPANY: **Liver Specialists of Texas**	DATE:
FAX NUMBER: **713-794-0610**	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 713-794-0700	SENDER'S NAME:
RE: NEW PATIENT REFERRAL	REGARDING:

ADDITIONAL COMMENTS:

FAX BACK FORMS TO 713-794-0610

Joseph S. Galati, M.D.

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