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Email: referrals@toctulsa.com

REFERRAL FORM:

Dr. / Clinic: _____

Contact Name: _____ Email: _____

Clinic / Office Address: _____ Phone #: _____

Fax #: _____

REFERRAL TO:

Sched. Patient listed below w/ Dr.

Jean Bernard, MD

Gregory Holt, MD

Darnell Blackmon, MD

Yogesh Mittal, MD

Clinic Location:

Brian Chalkin, DO

Victor Palomino, DO

Hillcrest South Utica

Alan Holderness, MD

Kris Parchuri, DO

Patient can see PA on 1st Visit: Yes No

Chief Complaint:

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ SS# _____ Phone # _____

Cell #: _____ Work # _____

Address: _____

Alternate Contact Name: _____

Relationship: _____ Phone # _____

INSURANCE INFORMATION:

Insurance: _____

Policy #: _____ Group #: _____

Authorization: _____

SPECIAL INSTRUCTIONS: