



Referral Desk (918) 301-3120
Fax (918) 301-4220
Email: referrals@toctulsa.com

REFERRAL FORM:

Dr. / Clinic: _____

Contact Name: _____ Email: _____

Clinic / Office Address: _____ Phone #: _____

_____ Fax #: _____

REFERRAL TO:

Schedule Patient listed below w/ Dr.

Darnell Blackmon, MD

Greg Holt, MD

James Bischoff, MD

Yogesh Mittal, MD

Brian Chalkin, DO

Victor Palomino, DO

Sai Arulkumar, MD

Jeff Stromberg, MD

Chad Hanson, DO

Location: Midtown

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 # _____ Male Female

Address: _____

Alternate Contact Name: _____

Relationship: _____ Phone # _____

INSURANCE INFORMATION: (If Work Comp please check here)

Insurance: _____ Policy # _____

Policy Holder: _____ Policy Holder DOB _____

Group #: _____

Authorization: _____

SPECIAL INSTRUCTIONS: