



Referral Coordinators: Kristi Franklin (918)301-3114
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REFERRAL FORM:

Dr. / Clinic: _____

Contact Name: _____ Email: _____

Clinic / Office Address: _____ Phone #: _____

_____ Fax #: _____

REFERRAL TO:

Schedule Patient listed below w/ Dr.

- Darnell Blackmon, MD
- James Bischoff, MD
- Brian Chalkin, DO
- Chad Hanson, DO
- Greg Holt, MD

- Yogesh Mittal, MD
- Lisa Mogelnicki, DPM
- Victor Palomino, DO
- Fernando Villamil, MD

Location: Midtown (Orthopaedics & some injections) Spine & Pain Management

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: