

John R. Hood, M.D. Michael J. Martin, M.D. William K. Briggs, M.D. Jeffrey L. Bigler, M.D. Sheldon C. Berger, D.O. David W. Morris, D.O. Roy L. Thompson, M.D. Geoffrey A. Fillmore, D.O.

## **Patient Referral**

Please provide your <b>Fax Number</b> to receive appointment confirmation:					
Referring Physician Name:					
Patient Name:			Date of Birth:		
Home Phone:	Work:	C	ell:		
Insurance Name:					
Reason for Visit:					
Please submit by email to referrals@gsitulsa.com					
Or by fax to (918) 940-8399					

## We have confirmed an appointment for your patient on:

Date:\_\_\_/\_\_\_/20\_\_\_\_ At :\_\_\_\_\_AM PM

**Scheduling Comments** 

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