



Gastroenterology Specialists, Incorporated Ambulatory Surgery Center

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(918) 940-8399 -Fax

3400 SE Frank Phillips Blvd Ste 301
Bartlesville, OK 74006
(918) 940-8500
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Patient Referral

Please provide your Fax Number to receive appointment confirmation: () - - - - -		
Referring Physician Name:		
Patient Name:		Date of Birth:
Home Phone:	Work:	Cell:
Insurance Name:		
Reason for Visit:		
Location for Visit: <input type="checkbox"/> Tulsa <input type="checkbox"/> Bartlesville		
Please submit by email to referrals@gsitulsa.com Or by fax to (918) 940-8399		

John R. Hood, M.D.	<input type="checkbox"/>
Michael J. Martin, M.D.	<input type="checkbox"/>
William K. Briggs, M.D.	<input type="checkbox"/>
Jeffrey L. Bigler, M.D.	<input type="checkbox"/>
Sheldon C. Berger, D.O.	<input type="checkbox"/>
David W. Morris, D.O.	<input type="checkbox"/>
Roy L. Thompson, M.D.	<input type="checkbox"/>
Geoffrey A. Fillmore, D.O.	<input type="checkbox"/>
Susan VanZandt, APRN, FNP-C	<input type="checkbox"/>
Sarah Jameson, APRN, FNP-C	<input type="checkbox"/>
Kristina Rogers, APRN, FNP-C	<input type="checkbox"/>
Zena A. Roz, RDN, LD	<input type="checkbox"/>

We have confirmed an appointment for your patient on:	
Date: ___/___/20___	
At : _____	<input type="checkbox"/> AM <input type="checkbox"/> PM