



Gastroenterology Specialists, Incorporated Ambulatory Surgery Center

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(918) 940-8399 -Fax

12455 E 100 St. North Ste 270
Owasso, OK 74055
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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"/> Owasso		
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"/>
Scott E. Hedrickson, D.O.	<input type="checkbox"/>
Susan VanZandt, APRN, FNP-C	<input type="checkbox"/>
Kristina Rogers, APRN, FNP-C	<input type="checkbox"/>
Lora Beth Horton, APRN, FNP-C	<input type="checkbox"/>
Zena A. Roz, RDN, LD	<input type="checkbox"/>

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