

LIVER PROGRAM

STEP 2: REFERRAL PATIENT INFORMATION

Direct Fax: (210) 702-4146

4502 Medical Drive, MS 18
San Antonio, TX 78229
(210) 567-5777

GENERAL FACSIMILE COVERSHEET

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Date: _____/_____/_____

From: _____

Phone: _____

Comments:

Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Patient's demographic form | <input type="checkbox"/> MRI/CT/SONO/MRCP/ERCP of abdomen/liver |
| <input type="checkbox"/> Copy of insurance cards (front and back) | <input type="checkbox"/> Pathology reports |
| <input type="checkbox"/> Recent history and physical | <input type="checkbox"/> Last two office visits |
| <input type="checkbox"/> Most recent labs | <input type="checkbox"/> Immunizations |

Confidentiality Notice: Confidential Health Information Enclosed

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