

1411 North Beckley Ave.; Ste. 268; Pavilion III; Dallas, TX 75203
Scheduling: 214-947-4400 Toll-Free: 877-4A-LIVER Fax: (214) 947-4446

Patient Name:		Patient DOB:		Patient SSN:	
Patient Phone Numbers: (Home)		(Cell)		(Work)	
Patient Address:					
Ethnicity: (circle one) Asian Black/African-American White Hispanic/Latino Multi-Racial Decline		Primary Language (circle one) English Spanish Other:		Gender: M F	Marital Status: M S D W
Insurance Information (Required)					
Primary Insurance:		Insured:		Insured DOB:	
Policy #:		Insurance Phone #:		Insured SSN:	
Referring Provider Information (Required)					
Referring Provider/Group:		Referring Provider:			
Address:		Referring Phone:		Referring Fax:	
Diagnosis (Required): _____ Provider signature: (Required) _____ Date: _____					
Requested services: (check all that apply)					
<input type="checkbox"/> Expedited Consult: Carcinoma, Mass, Liver Failure <input type="checkbox"/> Request for Liver Transplant Evaluation (Performed at Dallas Location-Only) <input type="checkbox"/> Non-emergent – Consultation / Opinion / Assume Patient Care.					
Additional Outside Provider Information to Receive Clinic Notes (ie: PCP, Oncologist, G.I., etc.)					
Provider/Group:		Specialty:		Address:	
		Phone:		Fax:	
Physicians		Surgeons		Locations	
<input type="checkbox"/> Maisha Barnes, M.D. <input type="checkbox"/> Adil Habib, M.D. <input type="checkbox"/> Parvez Mantry, M.D. <input type="checkbox"/> Hector Nazario, M.D. <input type="checkbox"/> Jeffrey Weinstein, M.D. <input type="checkbox"/> Mangesh Pagadala, M.D. <input type="checkbox"/> Zahid Vahora, M.D. <input type="checkbox"/> Ashwini Mehta, M.D. <input type="checkbox"/> Next Available Hepatologist		<input type="checkbox"/> Stephen Cheng, M.D. <input type="checkbox"/> Richard Dickerman, M.D. <input type="checkbox"/> Carlos Fasola, M.D. <input type="checkbox"/> Alejandro Mejia, M.D. <input type="checkbox"/> Vichin Puri, M.D. <input type="checkbox"/> Next Available Surgeon		<input type="checkbox"/> Amarillo (Habib/Mantry/Nazario) <input type="checkbox"/> Bedford (Weinstein) <input type="checkbox"/> Dallas (All) <input type="checkbox"/> Fort Worth (Nazario/Habib) <input type="checkbox"/> Lubbock (Barnes/Mantry/Weinstein) <input type="checkbox"/> Mansfield (Habib/Pagadala) <input type="checkbox"/> McKinney (Vahora) <input type="checkbox"/> Midland (Pagadala/Vahora) <input type="checkbox"/> Plano (Barnes/Mantry/Nazario) <input type="checkbox"/> Richardson (Mantry/Vahora) <input type="checkbox"/> Tyler (Barnes/Mantry/Pagadala)	
<input type="checkbox"/> Edward Dominguez, M.D. – <i>Infectious Disease</i>					
Please fax this completed form with all related medical records. Demographics/Face Sheet, Insurance Card (Image of Front and Back if available) (Dictations, Labs, Imaging, Diagnostic Reports, and Procedures) pertaining to DX for this patient. For questions regarding New Patient Referrals, please contact: Oranna Lovato or Monica Gomez					

For questions regarding insurance plans, please contact Billing Representative: 214-947-4393.