



**DIGESTIVE
DISEASE
SPECIALISTS, INC.**

DDSI Use Only

Date rec'd: _____
 Initial contact date: _____
 Appt date/time: _____
 PCP notified: Fax Email
 Info mailed date: _____

Referral for Consultation or Procedure

Referral Status: Routine
 Urgent

I am referring my patient to see:

Baptist Office

- Sumit Ahluwalia, M.D.
- Neil Crittenden, M.D.
- Matthew A. McBride, M.D.
- David Neumann II, M.D.
- Carl A. Raczkowski, M.D.
- Jeffrey D. Scott, M.D.
- Kenneth A. Seres, M.D.
- David S. Stokesberry, M.D.
- Verapan Vongthavaravat, M.D.
- Clinton G. Wallis, M.D.
- Misty Chaney, APRN-CNP

Phone (405) 702-1300
 Fax (405) 702-1280

Edmond Office

- Larry Bookman, M.D.
- Sikandar A. Mesiya, M.D.
- Baolong Nguyen, M.D.
- Clinton G. Wallis, M.D.

Phone (405) 471-6690
 Fax (405) 604-3401

Midwest City Office

- Larry Bookman, M.D.
- Sikandar A. Mesiya, M.D.
- Baolong Nguyen, M.D.

Phone (405) 737-4464
 Fax (405) 737-7674

South Office

- Maria Chang, M.D.
- Ross S. Keener, M.D.
- Son Nguyen, M.D.
- Syed Rizvi, M.D.

Phone (405) 632-4000
 Fax: (405) 632-4073

Yukon Office

- Sumit Ahluwalia, M.D.
- Neil Crittenden, M.D.
- Matthew A. McBride, M.D.
- Son Nguyen, M.D.
- Carl A. Raczkowski, M.D.
- Syed Rizvi, M.D.
- Jeffrey D. Scott, M.D.
- Kenneth A. Seres, M.D.
- David S. Stokesberry, M.D.
- Verapan Vongthavaravat, M.D.
- Misty Chaney, APRN-CNP

Phone (405) 577-6935
 Fax: (405) 717-5386

OR **First Available Physician at _____ location**

Patient Name: _____

Pt DOB: _____

Best contact phone: _____

Insurance: _____

Reason for referral: _____

Referring Physician: _____

Diagnosis code(s): _____

Physician Contact Phone: _____

Services Requested:

- Consult/Treat
- Screening colonoscopy (*no symptoms*)
- EGD
- Diagnostic colonoscopy (*signs/symptoms*)
- Other _____

Please notify my office when the patient's appt is scheduled or if the patient declined to schedule.

Please send the following information with this referral:

- Please enclose legible copies of last clinic note and any pertinent medical tests (if referring for consultation)
- Please attach legible copies (front & back) of insurance card(s) and patient demographic information.
- Please tell your patient they can expect a call to schedule their appointment within 5 working days of a completed referral.

Thank you for referring your patient to the physicians of Digestive Disease Specialists.