

# LIVER CONSULTANTS OF TEXAS REFERRAL FORM

**Baylor University Medical Center at Dallas**  
3410 Worth Street, Suite 860  
Dallas, TX 75246  
Tel: 214-820-8500

**Baylor All Saints Medical Center at Fort Worth**  
1250 8<sup>th</sup> Ave., Suite 515  
Ft. Worth, TX 76104  
Tel: 817-922-9968

**Liver Health  
Hepatology Outreach Clinics**  
www.Liverconsultants.com  
Tel: 800-774-2487

<b>Patient Name:</b>				<b>Date:</b>	
<b>Patient Phone Numbers:</b> (Home)		(Work)		(Cell)	
<b>Patient Address:</b>					
<b>Patient Email Address:</b>			<b>Primary Language (circle one)</b> English                      Spanish                      Other		
<b>Patient SSN:</b>		<b>Patient DOB:</b>		<b>Gender:</b>	
				<b>Marital Status:</b>	
<b>Insurance Information (required)</b>					
<b>Primary Insurance:</b>		<b>Insured:</b>		<b>Insured DOB:</b>	
<b>Policy #:</b>		<b>Insurance Phone #:</b>		<b>Insured SSN:</b>	
<b>Name of person initiating referral:</b>			<b>Contact Phone number:</b>		
<b>Referring Provider/Group:</b>			<b>Provider UPIN #:</b>		<b>Provider NPI #:</b>
<b>Address:</b>			<b>Provider Office Number:</b>		<b>Provider FAX Number:</b>
<b>Provider signature:</b> (Required)			<b>Date:</b>		
<b>Diagnosis (specific issue to be addressed):</b> _____ <span style="float: right;"><i>(Required)</i></span>					
<b>Requested services: check all that apply</b>					
<input type="checkbox"/> <b>Expedited Consult: <u>Carcinoma, mass, liver failure</u></b>					
<input type="checkbox"/> <b>Request for Liver Transplant Evaluation. (Done only at Dallas and Ft. Worth locations)</b>					
<input type="checkbox"/> <b>Request for Consultation/Opinion from Liver Consultants of Texas – opinion or advice sought on patient diagnosis/condition/treatment – Non-emergent.</b>					
<input type="checkbox"/> <b>Request for _____ of Liver Consultants of Texas to assume care of patient – Non-emergent.</b>					
<b>Please fax this completed form and medical records for this patient. Include all relevant records including dictations, labs, biopsies, diagnostic reports, and demographic information to the appropriate location as listed below:</b>					
<b>Dallas Outreach Satellite Locations</b> Fax 214-820-3565				<b>Fort Worth Outreach Satellite Locations</b> Fax 817-922-9762	
<input type="checkbox"/> Amarillo		<input type="checkbox"/> Austin		<input type="checkbox"/> Grand Prairie (Riverside)	
<input type="checkbox"/> Garland		<input type="checkbox"/> El Paso			
<input type="checkbox"/> Midland/Odessa		<input type="checkbox"/> Frisco			
<input type="checkbox"/> Midlothian		<input type="checkbox"/> Lubbock			
<input type="checkbox"/> Waxahachie		<input type="checkbox"/> McKinney			
<b>Liver Consultants of Texas</b> <b>Dallas</b> <b>Fax: 214-820-8168</b>			<b>Liver Consultants of Texas</b> <b>Fort Worth</b> <b>Fax: 817-922-9762</b>		

Physicians are employees of Health Texas Provider Network and are neither employees nor agents of Baylor Health Care System, or Baylor Health Care System's subsidiary, community or affiliated medical centers.

