



CMCL General Surgery

2600 W. Pleasant Run Rd.
Lancaster, TX 75146
Ph: 888.817.7143
Fax: 888.776.1348

REFERRAL/CONSULTATION FORM

Please complete all sections of this form and FAX it to: (888)776-1348

Referring Provider: _____ Referring Office Name: _____
Referring Provider Phone #: _____ Office FAX #: _____
Primary Care Provider: _____ Today's Date: _____
Person Completing Form: _____ Patient's SSN: _____
Patient's Name (F/MI/L): _____
Patient's Address: _____
Patient's Date of Birth: _____ Patient's Phone #: _____
Patient's Insurance/Auth #'s: _____
Reason for Referral (please be specific): _____

Please Note:

- The following information MUST accompany this referral: Most recent PET Scan, CT Scan, X-Rays and Pathology Reports.
- Please have the Patient bring films or CD's if these exams are not accessible through UHC's PAC System.
- Please include office notes, surgery reports, any additional information pertinent to this referral.
- Please send Insurance Authorization information, as required by the Patient's insurance, along with this referral.
- We will notify the patient by mail or phone of appointment time and date.

Thank you for your referral. Please do not hesitate to call us with any questions or concerns.

Office Use Only
Provider: _____
Appointment Date: _____
Appointment Time: _____