



6465 South Yale Suite 320 Tulsa, Oklahoma 74136

tel: (918) 493-3300 fax: (918) 493-3315 kidnoggin.com

David Siegler, M.D.

FAX REFERRAL FORM

Erin Sparks, ARNP

Initial Date: _____

PATIENT NAME _____

Referring Dr. _____

Date of Birth _____ Age _____

TEL # _____

City _____ State _____

Backline _____

Insurance (1) _____ (2) _____

FAX# _____

Legal Guardian(s): _____

Relation to Patient _____

Contact #'s _____

Parent/Guardian's Concerns: _____

** Authorization #: not needed obtained _____ SoonerCare Referral # _____

** Please request authorizations (if needed) for: 5-10 visits (commercial) or 1 year (SoonerCare/Medicaid)
 EEG + Brain MRI to expedite ordering

** Physician's Reason for Referral: _____

** Urgency of appointment: Next Available Next 1-2 Weeks ASAP: Please call Dr. Siegler (918) 493-7222 (Dr's line)

** Pertinent PMH _____

Date	Action/Comments	Name & Initials
------	-----------------	-----------------

We've attempted to contact family multiple times without success; please contact family to call us for appointment