

**THE HAND CENTER OF SAN ANTONIO
REFERRING PHYSICIAN FAX COVERSHEET**

FAX TO: 210-558-4664

PHONE: 210-478-5224

PRIORITY REFERRAL

FAX ATTN:

FROM:

Referring Physician Intake

DATE:

REFERRING MD:

TOTAL PGS INCL COVER:

PHONE #:

FAX #:

PATIENT REFERRED TO:

NEXT AVAILABLE PHYSICIAN

DR. GREEN

DR. BAGG

DR. PERSON

DR. SRINIVASAN

DR. DESAI

Please attach:

DEMOGRAPHICS SHEET

INSURANCE CARD(S)

REFERRAL/AUTHORIZATION (IF REQUIRED)

RELATED MEDICAL RECORDS

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