



NEW PATIENT REFERRAL FORM

INSTRUCTIONS

Note that reports of any studies performed such as MRI, EMG, X-Ray, etc., should be sent along with this referral. William M. Banister, MD accepts patient medical records from outside referring physicians in conjunction with an upcoming appointment. Documents will be reviewed by a physician at the time of the patient appointment. William M. Banister, MD does not accept responsibility or liability for the content of such medical records until a physician-patient relationship is established during the patient's appointment visit.

PATIENT INFORMATION

Patient Name: _____ Male Female
DOB: _____ SSN: _____
Parent/Guardian (if minor): _____
Address: _____
Email address: _____
Phone: _____ Alternate Phone: _____
(Home/Work/Cell) circle one (Home/Work/Cell) circle one
Primary Insurance Name: _____ ID#: _____
Secondary Insurance Name: _____ ID#: _____
Insured Name: _____ Insured DOB: _____ Insured SSN: _____

REFERRING PHYSICIAN / HOSPITAL

Referring Physician / Hospital Name (required) _____
Phone: _____ Fax: _____
Please indicate diagnosis/reason for visit:

PLEASE FAX ALL PERTINENT RECORDS WITH THIS REFERRAL TO 214-812-9688

Sign: _____ Date: _____

APPOINTMENT SCHEDULED

Appointment with Dr: _____
Date: _____ Time: _____

**REFERRING PHYSICIAN: PLEASE NOTIFY THE PATIENT OF THIS APPOINTMENT
PLEASE FAX TO 214-812-9688**

O: (972) 499.4280 | F: (214) 812.9688
A: 5575 Warren Parkway, Professional Building 1, Suite 314
Frisco, TX 75034-4092

