

Transplant Eval  
Hepatology  
Hepatobiliary Surgery

FOR AN APPOINTMENT  
PLEASE SEND REFERRAL TO:  
Intake Consultant  
Fax: 405-713-7643 • Phone: 405-949-4171  
liverintake@integrishealth.org



Name \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
PCP Name \_\_\_\_\_  
PCP Phone \_\_\_\_\_ PCP Fax \_\_\_\_\_  
PCP Address \_\_\_\_\_

**REFERRAL INFORMATION**

Date/Time Field \_\_\_\_\_ Refer MD \_\_\_\_\_  
Office Contact \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Referring Diagnosis \_\_\_\_\_

**I AM REQUESTING THAT MY PATIENT SEE**

**HEPATOBIILIARY SURGERY**

John Duffy, M.D.  
Vivek Kohli, M.D.  
Ananth Srinivasan, M.D.  
Josiah Wagler, D.O.

**HEPATOLOGY/TRANSPLANT EVAL**

Muhammad Amir, M.D.  
Joykumar Patel, M.D.  
Taseen Syed, M.D., FACP  
Hamid Sima, M.D.  
Elias Spyrou, M.D., Ph.D.

**THE FOLLOWING RECORDS (within 1 year) ARE REQUIRED**

INSURANCE CARDS*	PATHOLOGY REPORTS (BIOPSY)	HCV RNA QUANTITATIVE
PATIENT DEMOGRAPHICS	ULTRASOUND	HCV GENOTYPE
LABS (MORE RECENT)	HISTORY & PHYSICAL	HEP C ANTIBODY
CLINIC NOTES (1 YR)	EGD/COLONOSCOPY	

\*Prior insurance authorizations are needed for the following: Sooner Care, Community Care, Global Health

**Please check the location you prefer your patient to be seen:**

OKLAHOMA CITY LOCATION - 3300 NW Expressway, Oklahoma City, OK 73112  
TULSA LOCATION: 6130 S. Maplewood, Ste. E, Tulsa, OK 74136  
ENID LOCATION - 2821 N. Van Buren, Enid, OK 73703  
(Hepatitis C treatment only by Telemedicine)