Threlkeld, Threlkeld, & Omer
6029 Walnut Grove Road Suite C002
Memphis, TN 38120
Phone: 901-685-3490 Fax: 901-685-3498

New Patient Referral Form

Name of Referring Physician: _____

Your Office Contact: _____ Office Phone Number: _____

Patient's Name: _____

Patient's DOB: _____

Patient's Phone Number(s): _____

Diagnosis / Reason for referral: _____

Does patient need to be evaluated for either or all of the following services?

- o Wound Care (if currently not receiving wound care services elsewhere)
- o IV antibiotics (Infusion Center)
- o IV antibiotics (Home)

Has patient ever been seen by an Infectious Disease Physician before? If yes who?

_____

Please complete above information and fax this form with an updated H & P as well as updated medication list.

NOTE: For urgent referrals for the Infusion Center, your physician can call our physicians directly to determine plan best suited for the patient. If patient is in the hospital, our physicians may be consulted during the inpatient stay and establish a treatment plan before patient is discharged. In all cases, insurance benefits are reviewed prior to patient being scheduled for treatment.