

Lubbock Gastroenterology

When you refer your patient to one of our specialists, you can trust they will receive care designed just for them. "Together" is the best way to shape treatment plans for the child.

Patient name _____

Address _____

Guardian name _____ Guardian DOB _____

Contact numbers Work _____ Home _____ Mobile _____

Referring physician _____ Phone _____ Fax _____

Preferred language _____ Preferred office location _____

Referral coordinator name _____ Phone _____ Fax _____

Reason for referral

Please note the specific problem. If this is an urgent referral, please call the specialty requested.

Please include the following:

- Insurance card (copy of front and back)
- Primary insurance information attached
- BCBS Health Select referral (this must be obtained by PCP from BCBS)
- Tricare East /West Insurance Referral
- Progress Notes specific to consult diagnosis
- Lab results specific to consult diagnosis
- Radiology results specific to consult diagnosis
- Growth charts (required for all consultations)

Physician signature _____ Date _____

If this is an **urgent referral**, please call our specialty clinics directly.
Use our paperless portal to send referrals! epiccarelink.cookchildrens.org

4102 24th St., Ste. 401
Lubbock, Texas 79410
806-725-5830 phone
806-791-6131 referral fax