



Texas Liver Institute

*Please Fax Patient's Records,
Demographics and Insurance Card*

San Antonio
Eric Lawitz, MD
Fred Poordad, MD
Julio Gutierrez, MD

HEPATOLOGY Referral Form

Austin
Carmen Landaverde, MD
Jennifer Wells, MD

REFERRING PROVIDER INFORMATION

Physician Last Name	Physician First Name
Office Address	Date of Referral
Phone	Fax

REASON FOR REFERRAL

- | | | |
|-------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> ELEVATED LIVER ENZYMES | <input type="checkbox"/> AUTOIMMUNE HEPATITIS | <input type="checkbox"/> CIRRHOSIS |
| <input type="checkbox"/> FATTY LIVER | <input type="checkbox"/> PBC | <input type="checkbox"/> ASCITES |
| <input type="checkbox"/> HEPATITIS B | <input type="checkbox"/> PSC | <input type="checkbox"/> LIVER TUMOR/CANCER |
| <input type="checkbox"/> HEPATITIS C | <input type="checkbox"/> ABNORMAL IMAGING | <input type="checkbox"/> PEDIATRIC HEPATOLOGY (0-18 yrs) |

Other/Comments _____

Thank you for referring your patients to the Texas Liver Institute.

PATIENT INFORMATION

Patient Last Name	Patient First Name
Patient Date of Birth	Patient Insurance (if available)

Appointment Date/Time	_____	<i>This box to be completed by Texas Liver Consultants Administration</i>
Patient Notified Date	_____	By _____
Refer. Office Notified Date	_____	By _____

Texas Liver Institute locations:

San Antonio North
8210 Callaghan Rd., Clinic 3
San Antonio, Texas 78230
Fax Referrals:
210.524.0092
Phone: 210.253.3426

San Antonio Central
607 Camden, Suite 108
San Antonio, Texas 78215
Fax Referrals:
210.227.6951
Phone: 210.253.3426

Austin
1111 34th St., Suite 210
Austin, Texas 78705
Fax Referrals:
512.454.8375
Phone: 512.454.8378