

Referrals can be sent via:

Fax: 832-538-1023

Date: _____

Patient Name: _____ Date of Birth: _____

Address City: _____ Zip: _____

Phone: _____ Alternate Contact: _____

Language Spoken: English Spanish Other _____ Gender: F M

All Referrals must include Documentation: Last Office Note, Patient Demographic & Insurance, Imaging Report

Urgent Care Visit Telemedicine Visit MD Consult

This Patient is being referred to Northstar to see a Specialist(s) for:

Orthopedic (Extremities & Spine)	Pain Management / Neurology	Neurosurgeon (Spine)	Psych Department
<ul style="list-style-type: none"> <input type="checkbox"/> Drew Fehsendfeld, MD Orthopedic Surgeon Extremities <input type="checkbox"/> Gregory P Harvey, MD Orthopedic Surgeon Extremities <input type="checkbox"/> Dushi Parameswaran, MD Orthopedic Surgeon Extremities <input type="checkbox"/> Paul Kobza, MD, Hand Surgeon <input type="checkbox"/> Robert Mohr, MD Orthopedic Spine Surgeon <input type="checkbox"/> Stephen Esses Orthopedic Spine Surgeon 	<ul style="list-style-type: none"> <input type="checkbox"/> Basem Hamid, MD Neurology, Pain Management <input type="checkbox"/> Umar Mahmood, MD PM&R, Pain Management <input type="checkbox"/> Pankaj Satija, MD Pain Management, Neurology <input type="checkbox"/> Monika Ummat, MD Pediatric Neurology <input type="checkbox"/> Naveen Koribi, MD PM&R, Pain Management 	<ul style="list-style-type: none"> <input type="checkbox"/> Gary Kraus, MD Neurosurgeon <input type="checkbox"/> Masaki Oishi, MD, Neurosurgeon <input type="checkbox"/> Remi Nader, MD Neurosurgeon 	<ul style="list-style-type: none"> <input type="checkbox"/> George Grimes, MD Clinical Psychologist <input type="checkbox"/> Huiping Xu, MD Psychiatrist <input type="checkbox"/> Julian Osuji, MD NeuroPsychologist
Podiatrist	Gastroenterology	Cardiology	Other Specialists
<ul style="list-style-type: none"> <input type="checkbox"/> Eric Blanson, DPM Podiatrist <input type="checkbox"/> Anthony J Lamarra, MD Podiatrist & Surgeon <input type="checkbox"/> David Gunther, DPM Podiatrist 	<ul style="list-style-type: none"> <input type="checkbox"/> Radwan Al Sabbagh, MD Gastroenterology 	<ul style="list-style-type: none"> <input type="checkbox"/> Dr Nithin Mahajan, MD Cardiologist 	<ul style="list-style-type: none"> <input type="checkbox"/> Brian Wang, MD ENT

Reason for the Visit: _____

Referral Information

Referring Physician: _____ Clinic Name: _____

Signature _____ Phone: _____ Fax: _____

Insurance Information

Attorney or Insurance Info: _____ Phone: _____ Fax: _____