



# GENERAL SURGICAL *Associates*

## GENERAL SURGERY REFERRAL FORM

Michael A. Cardenas, MD  
 Medical Center

Travis L. Holloway, MD  
 Medical Center

Sarah M. Weakley, MD  
 Medical Center

J. Mark Cheek, MD  
 Medical Center  
 Boerne

Jon T. Pelzl, MD  
 Medical Center

Russell L. Woodard, MD  
 Medical Center

Brad W. Gurwitz, MD  
 Medical Center

Thomas M. Shary, Jr., MD  
 Medical Center

*First Available Appointment*  
 Medical Center  
 Westover Hills  
 Boerne

Daniel M. Vargas, MD  
 Westover Hills

Form Completed by: \_\_\_\_\_

### Referring Physician:

Physician's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referral Auth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

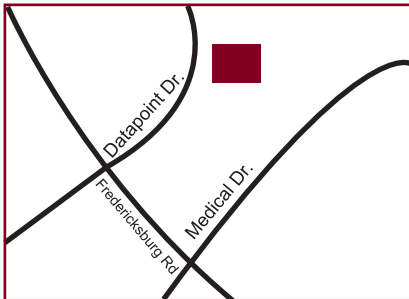
**Please fax patient's demographics, diagnostic test results to 210-616-0024. Inform patient to bring most recent films and all current medications to the appointment and to visit our website for patient information and forms.**

### Reason for Referral: (Please check one)

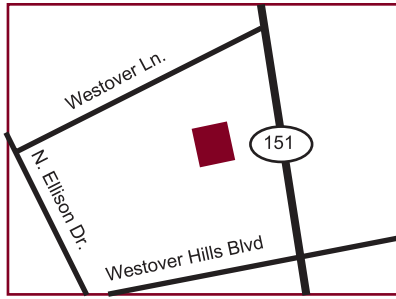
Consultation     Medi-Port Placement     2nd Opinion     Follow-Up

Surgery Fax: 210-614-6243

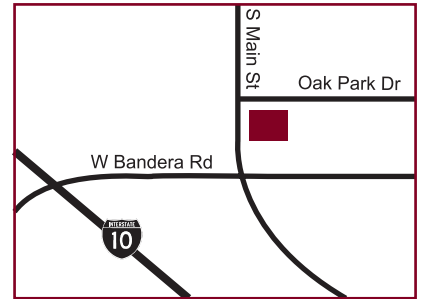
### Patient Would Like To Be Seen At Which Location: (Please Check one)



**Medical Center**  
8122 Datapoint Dr.,  
Suite 320  
San Antonio, TX 78229



**Westover Hills**  
11212 Hwy 151, Bldg II  
Suite 220  
San Antonio, TX 78251



**Boerne**  
1201 Main Street  
Suite 122  
Boerne, TX 78006

**210-614-5113 Phone | 210-616-0024 Fax | www.GSASA.com**