



GENERAL SURGICAL
Associates

GENERAL SURGERY REFERRAL FORM

- ☐ Michael A. Cardenas, MD
- ☐ Brittany B. DeBerry, MD
- ☐ Brad W. Gurwitz, MD
- ☐ George R. Hsieh, MD
- ☐ David C. Mullins, MD

- ☐ Jonathan O. Tramer, MD
- ☐ Bruce E. Conway, MD *
- ☐ Joe E. Johnston, MD *
- ☐ Douglas W. Robinson, MD *
- ☐ Russell L. Woodard, MD *

- ☐ Samuel J. Pangburn, DO ***
- ☐ Rachel C. Reeder, MD **
- ☐ Daniel M. Vargas, MD ***
- ☐ First Available Appointment

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.

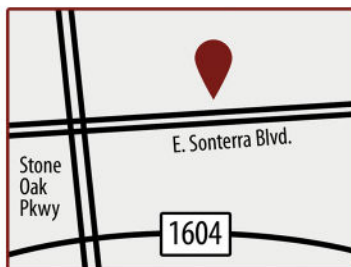
Reason For Referral: (Please check one)

- ☐ Consultation ☐ Medi-Port Placement ☐ 2nd Opinion ☐ Follow-Up

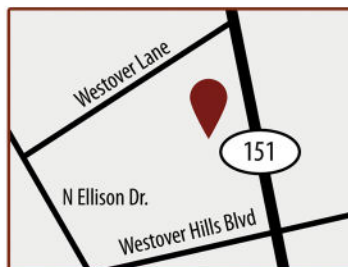
Patient Would Like To Be Seen At Which Location: (Please check one)



- ☐ **Medical Center**
8042 Wurzbach, Suite 310
San Antonio, TX 78229
All GSA Physicians



- ☐ **Stone Oak**
225 E. Sonterra Blvd., Suite 217
San Antonio, TX 78258
** Only These Physicians*



- ☐ **Westover Hills**
11212 State Hwy 151, Suite 290
San Antonio, TX 78251
*** & *** Physicians*



- ☐ **Hondo**
602 31st Street
Hondo, TX 78861
**** Only These Physicians*

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