



GENERAL SURGICAL
Associates

GENERAL SURGERY REFERRAL FORM

Michael A. Cardenas, MD

☐ Medical Center

J. Mark Cheek, MD

☐ Medical Center ☐ Westover

Bruce E. Conway, MD

☐ Stone Oak

Brittany B. DeBerry, MD

☐ Medical Center

Brad W. Gurwitz, MD

☐ Medical Center

George R. Hsieh, MD

☐ Medical Center

Joe E. Johnston, MD

☐ Stone Oak

W. Cannon Lewis, MD

☐ Stone Oak

Samuel J. Pangburn, DO

☐ Westover ☐ Hondo

Douglas W. Robinson, Jr., MD

☐ Medical Center

Thomas M. Shary, Jr., MD

☐ Medical Center ☐ Stone Oak

Jonathan O. Tramer, MD

☐ Medical Center

Daniel M. Vargas, MD

☐ Westover ☐ Hondo

Sarah M. Weakley, MD

☐ Medical Center

Russell L. Woodard, MD

☐ Medical Center ☐ Stone Oak

First Available Appointment

☐ Medical Center ☐ Stone Oak ☐ Westover ☐ Hondo

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

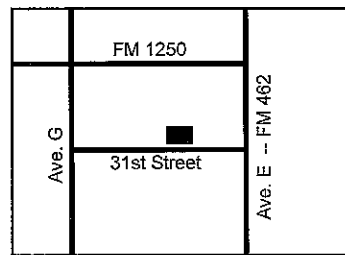
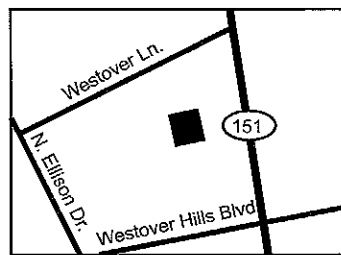
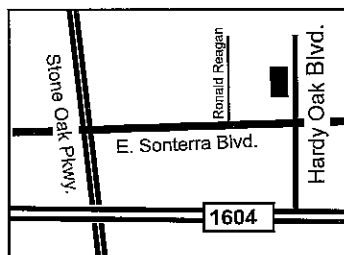
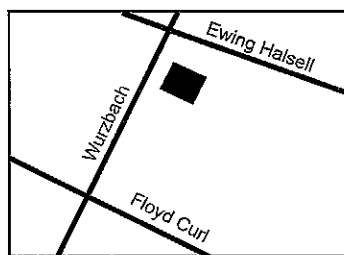
☐ Medi-Port Placement

☐ 2nd Opinion

☐ Follow-Up

Surgery Fax: 210-614-6243

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



☐ **Medical Center**
8042 Wurzbach, Suite 310
San Antonio, TX 78229

☐ **Stone Oak**
18707 Hardy Oak, Suite 210
San Antonio, TX 78258

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

☐ **Hondo**
602 31st Street
Hondo, TX 78861

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