



**PATIENT REFERRAL**

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**LOCATION**

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**CONTACT US**

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**Referral Emails**

Personal Injury Referrals - [injury@omnispinecare.com](mailto:injury@omnispinecare.com)  
 Physician Referrals - [referrals@texaspaindoc.com](mailto:referrals@texaspaindoc.com)

Referring Physician: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_  
 Referring Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
 HomePhone: \_\_\_\_\_ Work/CellPhone: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient Email: \_\_\_\_\_ Attorney/Law Firm : \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

If your patient is unable to make an appointment for themselves, please list contact below:

Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Referred by: \_\_\_\_\_ Patient Referred to: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Appointment Day: \_\_\_\_\_ Time: \_\_\_\_\_

