713-756-8555 office
713-756-8305 fax

Appointment Date: _______________
Appointment Time: _______________
Do you wish for us to call the patient?
❑ Yes ❑ No

Referral To:

❑ ***Elizabeth Bonefas, MD, FACS***

❑ ***Concepcion Diaz-Arrastia, MD, FACOG***

❑ Stat (1-3 Days) ❑ASAP (7-10 Days) ❑Routine

Doctor Ordering: ______________________________ Date Ordered: ____________________________

Doctor Phone: ________________________________ Doctor Fax: ______________________________

Contact Person: ____

Patient Name: _____________________________________ Patient Date of Birth: __________________

Patient Address: ____

Patient Phone/Cell: ____

Insurance Name: _______________________________ Insurance ID#:___________________________

Insurance Referral#:_______________________ Expiration Date: ________________ Total Visits: _____

Reason For Referral:

❑ Breast Cancer	❑ Breast Pain	❑ Other Bumps/Lumps
❑ Breast Mass	❑ Portacath	❑ Other breast issues
❑ Abnormal Mammogram/Ultrasound	❑ Abnormal pap	❑ Pelvic mass
❑ Abnormal Uterine Bleeding	❑ Gyn Malignancy	❑ Other gyn issues

Comments/Diagnosis: ____

Patient needs to bring films/cds and reports with them to appointment.
Please include the following with your request:

- Notes supporting your request
- Referral (if required by insurance)
- Copy of both sides of patient's insurance card/Demographics

Please fax all information to 713-756-8305.
And refer any questions to 713-756-8555.

www.womenshealthsurgeons.com

Thank You.

Our Locations:

❑ Museum Medical Tower (Both)
1213 Hermann Dr., Suite 675
Houston, Tx 77004

❑ Spring Valley Medical Plaza (Bonefas)
9230 Katy Freeway, Suite 600
Houston, Texas 77055

❑Memorial Hermann Greater Heights (Arrastia)
Medical Plaza One
1631 N. Loop West, Suite 490
Houston, Texas 77008