Alexander Mantas, MD PA
12200 Park Central Drive Suite 403 Dallas, TX 75251
Office 214-617-2000 Fax 214-617-2222
Note: you may have to dial "1" before fax number

REFERRAL DATE: _____

REFERRING PHYSICIAN NAME/GROUP: _____

Office # _____ Fax # _____

REFERRED PATIENT'S NAME _____ Date of Birth _____

Home # _____ Work #_____ Cell # _____

Stat Request: YES or NO

☐ Office Consult

☐ Screening Colonoscopy (patient has no gastrointestinal signs/symptoms/conditions)

Diagnosis: _____

**** Please fax pertinent notes, labs and imaging to 214-617-2222 ****

Office Use Only

Your patient is scheduled on: _____

☐ Patient declined to schedule appointment / procedure.

☐ Patient cancelled appointment / procedure.