



Randall P. Brewer, MD
8731 Park Plaza Dr.
Shreveport, LA 71105
(318) 797-5848 (o)
(318) 797-5844 (f)

In order to expedite our care of your patient, please complete the following information and
FAX to 318-797-5844

Date: _____

Patient's Name: _____ DOB: _____

Referring Physician: _____ Contact Name/Number: _____

Primary Insurance: _____ Secondary Insurance: _____

Chief Diagnosis: _____

is there a liability claim? Yes No

Is there litigation? Yes No

PLEASE INCLUDE THE FOLLOWING FOR PROMPT, EFFICIENT CARE:

- 1) Patient Demographics
- 2) Last Office Visit Note

Other medical records to include (optional):

- Laboratory Information
- Imaging Information
- Medication Summary

THANK YOU FOR YOUR REFERRAL!!!

If you have any question, please contact the Practice Manager, Camille Weeks at
cweeks@rivercities.net or (318) 797-5848. Please refer to our website with any other
questions: WWW.RIVERCITIES.NET

