

Print Out and
Fax Back



L I V E R
SPECIALISTS
of TEXAS

Second Opinion Form

Kindly print all of the information requested

Patients Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: Day _____ Month _____ Year _____

Telephone Number: Day _____ Evening _____ Cell _____

Reason For Second Opinion: (select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Colon Cancer Screening | <input type="checkbox"/> Other GI Issue |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Chronic Abdominal Pain | <input type="checkbox"/> Biliary Disease |
| <input type="checkbox"/> Fatty Liver | <input type="checkbox"/> Dyspepsia/Dysphagia | <input type="checkbox"/> Metabolic Liver Disorder |
| <input type="checkbox"/> Liver Transplant evaluation | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Management of cirrhosis and its complications | <input type="checkbox"/> Anemia/GI Bleeding | |
| <input type="checkbox"/> Liver Tumor/Abnormal imaging study | <input type="checkbox"/> Malnutrition | |
| <input type="checkbox"/> Abnormal Liver Chemistries | <input type="checkbox"/> Diarrhea | |
| <input type="checkbox"/> Other Form of Chronic Liver Disease | <input type="checkbox"/> Constipation | |

List Prior Therapies You Have Received

1. _____
2. _____
3. _____

Level Of Evaluation You Are Requesting

- Review Of Medical Records Only Review Of Medical Records Plus X-Rays and Liver Biopsy
 Review Of Medical Records With Comprehensive Personal Interview And Physical Examination

Our office will call you for additional information

FAX BACK FORMS TO 713-794-0610
Joseph S. Galati, M.D.
www.texasliver.com

Fax Cover Sheet

Second Opinion Request



L I V E R
SPECIALISTS
of T E X A S

TO:
Joseph S. Galati, M.D.

FROM:

COMPANY:
Liver Specialists of Texas

DATE:

FAX NUMBER:
713-794-0610

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:
713-794-0700

SENDER'S NAME:

RE:
SECOND OPINION REQUEST

REGARDING:

ADDITIONAL COMMENTS

FAX BACK FORMS TO 713-794-0610

Joseph S. Galati, M.D.

www.texasliver.com