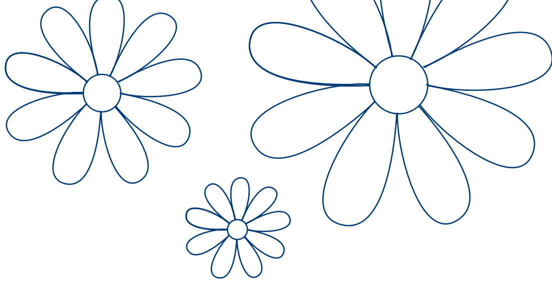


Referral Form
General Surgery

David Hoang, M.D.
Erica McBride, D.O.
Craig Gilcrease, PA-C
Paul G. Meade, M.D.
Elise Piccione, PA-C

715 Dr. Martin Luther King Jr. Ave
Suite 301
Albuquerque, NM 87102
Phone: 505.727.7090
Fax: 505.727.7099

Michael Blea, M.D.
Mario Leyba, M.D.
Amy Bower, PA-C
Goldyn Rubio, PA-C

6701 Jefferson NE
Albuquerque, NM 87109
Phone: 505.727.7050
Fax: 505.727.9711

**PLEASE FAX REFERRAL FORM,
PATIENT DEMOGRAPHICS AND INSURANCE CARD(S)**

Patient name: ______________________________ DOB: ______________

Home phone: ______________________ Cell phone: ______________________

Insurance: ____

Referring provider office name: ________________ Referring provider office phone: __________

Primary care provider name (if different from referring): ________________ PCP office phone: __________

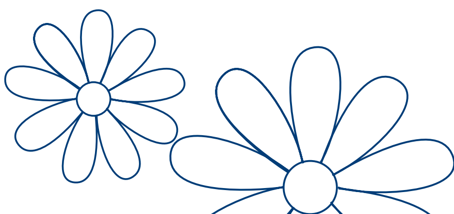
Reason for referral: ____

____

Relevant labs and/or radiologic findings: ____________________________

____

We accept most major insurance plans, including Blue Cross and Blue Shield of New Mexico, TRICARE, Medicare, all Centennial/ Medicaid plans, including Presbyterian Centennial Care, New Mexico Health Connections, True Health New Mexico, United Healthcare, Western Sky Community Care and United Retiree Health Care Authority and many others.



REV 06/21

Lovelace
Medical Group