



BRENNER MD

phone: (972) 494-1155

fax: (972) 494-6572

NPI: 1083787733

brennermd.com

PATIENT PROFILE			
Last Name:	First name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Telephone #:		Email Address:	
REASON FOR CONSULT:			
Other Relevant Clinical Information:			
Referring Physician: _____			
Address: _____		Phone: _____	
Fax: _____			
Dr. Claire Brenner Specializes In:			
<ul style="list-style-type: none">• Management of antibiotics• Bone and Joint Infections• Skin and Soft Tissue Infections• Post Operative Infections• Diabetic Foot Infections• HIV Management• Hepatitis B and C Treatment• Hospital Follow Up for Complicated Infections• Syphilis and Other STD• Latent TB			
Office Use Only: Patient Scheduled for: Date: _____ Time: _____ Confirmation Faxed to Referring Physician: Date: _____ Initials: _____			

Please fax referral form to (972) 494-6572

2241 Peggy Lane Suite E

Garland, TX 75042

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