South Texas Assessment & Referral Services
Dr. Marisol Ortiz, Medical Director
4208 Retama Circle
Victoria, Texas 77901
361-575-0681 Fax: 361-575-0100
www.starsclinic.org contact@starsclinic.org
"Se Habla Espanol"

Referral Form

Date of Referral | Referring Entity | Tel/Fax Number

Patient Name | DOB/Gender | Social Security Number

Parent/Guardian Name | Preferred Language

Patient Mailing Address | Telephone Numbers

_____ID#_____Gp#_____Insured Name/DOB_____
Insurance Carrier

Reason for Referral

Area of Concern/Diagnosed Conditions

Primary Care Physician | Specalist Involved in Care

Please include copy of demographics, insurance & referral, & any pertinent medical records including Birth records with referral form and FAX to 361-575-0100. The referral will be reviewed by intake RN and parent contacted for an appointment. THANK YOU!!

Revised 8-2016