

2355 Derr Road
Springfield Ohio 45503



SPRINGFIELD GASTROENTEROLOGY

fax 937-629-3285
www.springfieldgastro.com
gastro@springfieldgastro.com

EASY G.I. REFERRAL
SPRINGFIELD GASTROENTEROLOGY
Scheduling 937-629-0100 Fax 937-629-3285

Patient Name _____ DOB _____ DATE _____

Daytime Phone # (8-5) _____ Evening Phone # (after 6pm) _____
Home/Work/Cell Home/Work/Cell

Referring Dr. _____

Fax _____ Phone _____ Completed By: _____

Consult

Reason _____

Screening / Change in bowel habit Constipation Diarrhea GI Bleed Rectal bleed

Anemia Hepatitis C Hepatitis B NASH/NAFLD Abnormal LFT,s Weight loss

Liver lesion/mass Abdominal pain GERD/Heart burn Non Cardiac Chest pain

Capsule endoscopy (reason) _____

EGD (reason) _____

Colonoscopy (reason) _____

The following habit information will help if provided:

- Patient insurance and demographics information
- Previous GI Procedures (Colonoscopy/EGD)
- Severe cardiopulmonary problems Dialysis
- Blood thinners: Coumadin, Plavix Diabetes
- Recent Labs/Scans/X-rays/ H/P and other Old Records

Patient needs to be seen: **ASAP** **Within One Week** **Next Available**

.....

Springfield Gastroenterology (Staff Only)

Appt Date: _____ Appt. Location _____

Date faxed to referring Dr: _____ Appt Time: _____

Account #: _____ Scheduler: _____