



Patient Focused • Quality Oriented • Physician Driven

800 South Tillotson Ave.
Muncie, In 47304
Consult Appointment-289-5408
Schedule Procedure Only: 765-281-2176
Fax: 765-289-5346

GASTROENTEROLOGY REFERRAL FORM

Date:

Table with 2 columns: Referring Physician, Contact, Patient and Phone, Fax #, DOB.

Address:
Daytime/Cell phone: Home Phone:
Medicare # Primary Insurance
Secondary Insurance:

\*We require Primary and Secondary Insurance companies to determine coverage at appropriate facilities\*

Recommended Consult? Yes No with Physician Nurse Practitioner

Procedure: Gastroscopy Esophageal Dilation Screening Colonoscopy Flexible Sigmoid

Physician Diagnosis

- \*Abnormal X-Ray \*Abdominal Pain \*Reflux \*Bleeding Upper Lower
\*Iron Def. Anemia \*Epigastric Pain \*Dysphasia \*Occult Blood \*Chronic Diarrhea

Other:

- \*Fax Results CBC (7 days) LFT (within year) H&P (1 yr) X-Ray Artificial Heart valve
Anticoagulant Diabetes Taking iron supplements Allergic to latex

Schedule Preference: Dr.Zeabart Dr. Alsatie Dr. Dunne Dr. Gannamaneni
First Available

Patient coming into our office today for scheduling Please call patient to schedule

\*Please fax medical records for consults to: (Attention GI Consults) fax# (765) 281-2137
(Medical Consultants office use only)

Procedure scheduled on: Doctor:

Pre-op Appointment: Comments:



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