

Referral Form

Patient

Date _____ Patient Name _____

Date of Birth _____ Last 4 Digits SSN _____ Male Female

Phone Home _____ Cell _____

Insurance Provider _____

Appointment Request

Procedure

Colonoscopy Screening
 Colonoscopy with Consultation
 Colonoscopy Only
 Diagnosis: _____

EGD with Consultation
 EGD Only:
 Diagnosis: _____

EUS with Consultation
 EUS Only (send records)
 Upper Lower
 Diagnosis: _____

Capsule Endoscopy with Consultation
 Capsule Endoscopy Only (send records)
 Diagnosis: _____

Bravo pH with Consultation
 Bravo pH Only
 Diagnosis: _____

Patient's pertinent medical records are included with this referral.

Consultation for Evaluation/Treatment

Hemorrhoid Banding
 Other
 Reason: _____

InterStim

FibroScan

FibroScan with Consultation
 FibroScan Only
 Diagnosis: _____

ICD 10: _____

Preferences

- This referral is urgent**
- First available appointment**
- First available doctor**
- My patient would prefer to be seen by a male physician**
- My patient would prefer to be seen by a female physician**

Or, one of the following physicians:

- Azaan S. Akbar, D.O.
- Syed Ahsan Ali, M.D.
- Vasu Appalneni, M.D.
- K. Mohan Bhoopal, M.D.
Mauricio D. Carballo, M.D. (Hosp.)
- Steven C. Dellon, M.D.
- Rupa Fritz, M.D.
- Michael W. Gorsky, M.D.
- Piush Gupta, M.D.
- Ilyas Ikramuddin, D.O.
Rizwan E. Kibria, M.D. (Hosp.)
- Aaron Knoll, M.D.
- Michael T. Loughlin, D.O.
Diklar Makola, M.D., Ph.D. (Hosp.)
- Rajeev Mehta, M.D.
- David P. Romeo, M.D.
- Giti Rostami, M.D.
- Sanjay Sandhir, M.D.
- Jonathan C. Saxe, M.D.
- Lisa M. Stone, M.D.
- Ben H. Thomas, D.O.
- Drew J. Triplett, D.O.
- Niaz Usman, M.D.
- Benjamin Wheeler, M.D.
- R. Christopher Wille, M.D.

Referring Physician

Practice Name _____

Physician _____ Contact _____
(in case of questions)

Address _____

Phone _____ Fax _____

Locations

Offices and Endoscopy Centers:

- Beaver Creek Indian Ripple Rd.
- Beaver Creek Sylvania Dr.
- Miami Valley Hospital North

Other Offices:

- Miamisburg Byers Rd.