Dayton Gastroenterology, LLC.
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Dayton Gastro Central Scheduling
F: (937) 320-5076
P: (937) 320-5050, Option 2

REFERRAL FORM

Patient

Today's Date _____ Date of Birth _____

Patient Name _____

Last 4 Digits of SSN _____ ☐ Male ☐ Female

Phone: Home _____ Cell _____

Insurance Provider _____

Appointment Request

Procedure

- ☐ **Colonoscopy Screening**
- ☐ **Colonoscopy with Consult**
- ☐ **Colonoscopy Only**
  - Diagnosis: _____
- ☐ **EGD with Consult**
- ☐ **EGD Only**
  - Diagnosis: _____
- ☐ **EUS with Consult**
- ☐ **EUS Only** (send records)
  - ☐ Upper ☐ Lower
  - Diagnosis: _____
- ☐ **Bravo pH with Consult**
- ☐ **Bravo pH Only**
  - Diagnosis: _____

Consult for Evaluation/Treatment

- ☐ **Hemorrhoid Banding**
- ☐ **Other**
  - Reason: _____
- ☐ **InterStim**

FibroScan

- ☐ **FibroScan with Consult**
- ☐ **FibroScan Only**
  - Diagnosis: _____
  - ICD 10: _____

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

Referring Physician

Practice Name _____

Physician _____

Contact (in case of questions) _____

Address _____

Phone _____ Fax _____

Preferences

☐ **THIS REFERRAL IS URGENT!**

- ☐ **First Available Appointment**
- ☐ **First Available Doctor**
- ☐ **Patient Prefers Male Provider**
- ☐ **Patient Prefers Female Provider**

Patient prefers one of the following providers below:

- ☐ Azaan Akbar, DO
- ☐ Syed Ali, MD
- ☐ K. Mohan Bhoopal, MD
- ☐ Harold Duarte, MD
- ☐ Rupa Fritz, MD
- ☐ Michael Gorsky, MD
- ☐ Ilyas Ikramuddin, DO
- ☐ Rizwan Kibria, MD (Hospital)
- ☐ Michael Loughlin, DO
- ☐ Diklar Makola, MD, PhD
- ☐ Rajeev Mehta, MD
- ☐ Sanjay Sandhir, MD
- ☐ Jonathan Saxe, MD
- ☐ Lisa Stone, MD
- ☐ Ben Thomas, DO
- ☐ Drew Triplett, DO
- ☐ Niaz Usman, MD
- ☐ Benjamin Wheeler, MD

Locations

Clinic & Endoscopy Center:

- ☐ Beavercreek (Indian Ripple Rd)
- ☐ Beavercreek (Sylvania Dr)
- ☐ Englewood (Miami Valley Hospital North)

Clinic Office Only:

- ☐ Miamisburg (Byers Rd)

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