

To: **Gastroenterology Clinic of San Antonio**

From: \_\_\_\_\_

FAX NUMBER: **210-615-8313**

Date: \_\_\_\_\_

PHONE NUMBER: **210-615-8308**

Sender's Fax Number: \_\_\_\_\_

(For alternative arrangements)

**\*\*Please Fax completed form back, Thank You\*\***

Sender's Phone Number: \_\_\_\_\_

The following information will help expedite a new patient referral:

Medical Center-8550 Datapoint Suite LL 100, San Antonio, TX 78229, 210-615-8308

- FIRST AVAILABLE**       Russell Dean Havranek, M.D.       Christopher A. Fincke, M.D.       David L. Stump, M.D.
- Charles W. Randall, M.D.       V. Franz Zurita, M.D.

Fredericksburg- 1009 S. Milam, Suite #1, Fredericksburg, TX 78264

- FIRST AVAILABLE**       Russell Dean Havranek, M.D.       Christopher A. Fincke, M.D.       David L. Stump, M.D.
- Charles W. Randall, M.D.

Referring Physician \_\_\_\_\_ Contact person \_\_\_\_\_ Phone \_\_\_\_\_

NPI: \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ Insurance: \_\_\_\_\_

**Exam requested to be performed:**

- Office Consult                       Colonoscopy Screening (Asymptomatic)                       Colonoscopy Problem
- Lactose breath test                       EUS                       ERCP                       EGD or Upper Endoscopy
- Fructose breath test                       Bacterial Overgrowth breath test                       Esophageal Manometry
- H-pylori breath test                       Pill Cam (Small Bowel or ESO)                       24 hour Ph Probe
- Remicade Treatments

**\*\*\*PLEASE NOTE: Treatment will not be scheduled without necessary medical records.\*\*\***

**Insurance authorization required if needed for office visit**

Reason for referral \_\_\_\_\_

SBE Prophylaxis needed: \_\_\_\_\_ YES \_\_\_\_\_ NO

**Copies of the following documents will be very helpful in facilitating our evaluation:**

- Patients demographics (to include other means of contact, family members, e-mail, etc.)
- Insurance cards and driver's license
- Referral/Authorization (mandatory for HMO patients)
- Laboratory/Pathology/Prior Gastroenterology Evaluation
- Recent progress notes/medications/hospital records
- Radiology