



Fax to: 1-866-202-4492

If this request is emergent in nature or your patient needs to be seen on an ASAP basis please call our office at (812) 477-6103. We will promptly process your request.

Today's Date: _____

From:

Contact Person: _____ Phone: _____ Ext: _____

Requesting Physician: _____ Fax: _____

Requested Physician:

<u>EVANSVILLE GI</u>	<u>JASPER</u>	<u>OVCRS (SCA)</u>
<input type="checkbox"/> Dr. Gislason <input type="checkbox"/> Dr. Bailey <input type="checkbox"/> Dr. Prasad	<input type="checkbox"/> Dr. Snyder	<input type="checkbox"/> Dr. Waller
<input type="checkbox"/> Dr. Rao <input type="checkbox"/> Dr. M. Rusche <input type="checkbox"/> Dr. Khan <input type="checkbox"/> Dr. Pugh	<u>General Surgery</u>	<input type="checkbox"/> Dr. Smith
<input type="checkbox"/> Dr. Carey, (Pediatric GI) <input type="checkbox"/> <i>First Available Provider</i>	<u>(SCA)</u>	<input type="checkbox"/> Dr. Chilukuri
<input type="checkbox"/> Chelsey Kuper, RD, CD (Dietitian)	<input type="checkbox"/> Dr. Alapati	<input type="checkbox"/> Dr. Arruffat
		<input type="checkbox"/> <i>First Available</i>

Please include recent lab and/or radiology reports, office notes, and op reports as well as a copy of the patient's insurance card(s).

Patient Information:

Patient Name: _____ M F
First Middle Last (Maiden)

Social Security Number: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Work: _____ Cell: _____

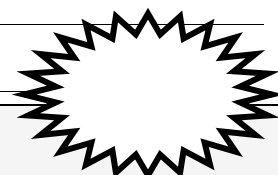
Insurance: Primary: _____ Secondary: _____

GI Diagnosis: _____

Service Requested:

- Colonoscopy
- Upper Endoscopy (EGD)
- Lower Endoscopic Ultrasound (EUS)
- Upper Endoscopic Ultrasound (EUS)
- ERCP
- Consultation (with a written report back to requesting provider)
- Nutritional Services
- Other : _____

For Office Use Only



New Established ASAP

Chart #: _____ Taken by: _____

Note: _____
