

Springfield Gastroenterology 2355 Derr Road, Suite A Springfield, Ohio 45503 springfieldgastro.com

Scheduling

Fax Number (937) 629-3285

Phone Number (937) 629-0100

Easy G.I. Referral

Please save and email your completed form to gastro@springfieldgastro.com.

5	Today's Date		Patient Preferences
וווסוווומר	Last Name (please print)		My patient would prefer to be seen by:
	Date of Birth	Daytime Phone Number	First available provider
auell	Home Phone Number	Cell Phone Number	The following physician:
В L	Insurance Provider	Last 4 Digits of Patient's SSN	Challa Ajit M.D.
			•
	Consult Urgent	ult Routine	
	Change in bowel habit Cons	tipation 🗌 Diarrhea	GI Bleed Rectal bleed
5	Anemia Hep	atitis C 🛛 Hepatitis B	NASH/NAFLD Abnormal LFT.s
5	Liver lesion/mass	ominal pain 🔲 GERD/Heart burn	Non Cardiac Chest Pain
	Crohn's Wei	ht Loss 🔄 Colitis	Other
	Dree		
5	Procedures		
	Bravo pH / Gerd Study Screening Colonoscopy Hemorrholdal Banding Fibroscan		holdal Banding 🗌 Fibroscan
	Diagnostic EGD Vide	o Capsule Endoscopy 📃 Diagnos	stic Colonoscopy 🗌 Smart Pill

Please include patient's pertinent medical records, insurance card, and demographics with this referral.

Physician Name	
Physician Phone Number	Physician Fax Number
Contact Name (in case we have any questions)	
Thank you for We will notify you	trusting us with the care of your patient. r office when this appointment is scheduled.

Office Use Only