

DIGESTIVE DISEASE CONSULTANTS

A Member of Santey Foundation Medical Group & Part of Sante Health Foundation

Gastroenterology • Hepatology • Endosonography

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PATIENT REFERRAL REQUEST

Patrick Ginn, M.D.
Gastroenterology
1189 E. Herndon, Suite 101

Soo Kim, M.D.
Gastroenterology
1187 E. Herndon, Suite 101

Kevin Kodama, M.D.
Gastroenterology
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Pradnya Mitroo, M.D.
Gastroenterology
1189 E. Herndon, Suite 105

Sandeep Sekhon, M.D.
Gastroenterology/Endosonography
1189 E. Herndon, Suite 105

Abhishek Gulati, M.D.
Gastroenterology/Endosonography
1189 E. Herndon, Suite 105

Gurjiwan S. Virk, M.D.
Gastroenterology/Endosonography
1189 E. Herndon, Suite 101

First Available Physician

Referring Physician: _____

Phone: _____ Fax: _____

Contact Person: _____

Patient Name: _____ SS # _____

Diagnosis: _____

Consult ERCP
 EGD EUS
 Colonoscopy Other Procedure _____
 Screening Colonoscopy

New Patient Established Patient

1st available appointment

ASAP (referring physician needs to call to obtain same day or next day appt)

Please include the following

- Patient demographic information Updated Medication List
 Copy of Insurance Card (front/back) Chart Notes
Tricare and all HMO insurance, please obtain authorization.
 Labs / x-ray / Ultrasound report/other imaging reports

Procedures and appointments will be scheduled after all necessary information is received

For Screening Colonoscopy: We will schedule an appointment and mail paperwork to the patient. If we do not receive the paperwork from the patient within one month, we will refer the patient back to your office.

Thank you for referring your patient to our office

Appointment Date: _____ Time: _____ Facility: _____
Patient Notified by: Mail Phone PCP faxed date: _____