THE CENTER FOR Digestive & Liver Health and The Endoscopy Center

PATIENT REFERRAL FORM

1139 Lexington Avenue; Savannah, GA 31404

40 Okatie Center Drive South, Suite 210; Okatie, SC 29909

Phone (912) 303-4200 / FAX (912) 790-2705

www.savannahgi.com

MD Preference ☐ **First Available** Appointment / No MD Preference

- ☐ Brent Acker, MD
- ☐ George C. Aragon, MD
- ☐ Steven Carpenter, MD
- ☐ Rodney Cohen, MD
- ☐ Charles W. Duckworth, MD
- ☐ Mark E. Murphy, MD
- ☐ Mark R. Nyce, MD
- ☐ Edward Rydzak, MD
- ☐ Telciane S. Vesa, MD
- ☐ Ryan C. Wanamaker, MD

Patients can reschedule appointments via: www.savannahgi.com

*** Appointment***	
Appt Date:	
Appt Time:	
Physician:	
Location:	
Contacted Patient:	Phone / Mailed / Unable to Reach
MRN:	
Screen / Problem	
New / Established	

Referring Practice Information

Today's Date	Phone
Group Practice Name	
Referring Physician	
Address:	
Refer/Appt Fax #	Medical Records Fax #

Patient's Information

☐ *Name completed and remaining demographic information attached.*

First Name	**Mid**	**Last Name**	
Mailing Address			
City	State: GA or SC	Zip	Phone
Email			
Date of Birth	**Social Security #**		☐ **Male** ☐ **Female**

Insurance Information

☐ *Insurance card attached, and referral number completed below.*

Primary Insurance	☐ HMO ☐ PPO ☐ Other
Referral #	Policy #
Subscriber Social Security #	Subscriber's Date of Birth
Policy belongs to (circle one) Patient Spouse Other	
Secondary Insurance	☐ HMO ☐ PPO ☐ Other
Policy #	Subscriber's Date of Birth
Policy belongs to (circle one) Patient Spouse Other	

Patient History

Is the referral: ☐ **Routine** (1st available appt) ☐ **Routine Colon Screening** ☐ **Urgent Consult**

☐ *The above primary provider has attached a written report and would like to request a consult for the patient named above to evaluate the following condition:*

- ☐ Abdominal Pain
- ☐ Alcoholic Liver Disease
- ☐ Constipation
- ☐ Food Intolerance
- ☐ Gallstones
- ☐ Gastro Esophageal Reflux Disease (GERD)
- ☐ Hepatitis
- ☐ Inflammatory Bowel Disease
- ☐ Intestinal Gas Problems
- ☐ Irritable Bowel Syndrome
- ☐ Rectal Complaints
- ☐ Ulcers

Other:

**** PLEASE FAX THIS FORM ALONG WITH COPIES OF MEDICAL RECORDS AND INSURANCE CARDS ****