APPOINTMENT SCHEDULING

352-331-8902 fax 352-331-5591

PATIENT INFORMATION

Fax Referral Form

Date ______ Date of Birth ______ Social Security Number ______

Last Name (please print) ______ First Name ______ Male or Female ______

Home Phone Number ______ Cell Phone Number ______

Primary Insurance Plan and Policy Number ______

Secondary Insurance Plan and Policy Number ______

REFERRAL

- ❑ **THIS REFERRAL IS URGENT!**
- ❑ **Consultation**

Reason for referral:______________________________

- ❑ **Patients pertinent medical records are included with this fax**

REFERRING PHYSICAIN

Practice Name ______ Physician Name ______

Practice Address ______

Practice Phone Number ______ Practice Fax Number ______

Office Contact (In case we have any questions) ______

DDA USE ONLY

Date Received:______________________

*1st*______________________ Entered by:______________________

*2nd*______________________ Patient #______________________

*3rd*______________________ *Appt. Date/Time:* ______________________

PATIENT PREFERENCES

My patient would prefer to be seen by:

- ❑ Thomas R. Beers, M.D.
- ❑ Gabu Bhardwaj, M.D.
- ❑ Payam Chini, M.D.
- ❑ Jason D. Hallman, M.D.
- ❑ Ronald C. Lee, M.D.
- ❑ John R. Leibach, M.D.
- ❑ Daniel G. Maico, M.D.
- ❑ Enrique G. Molina, M.D.
- ❑ Shea O. Ross, M.D.
- ❑ Charles A. Sninsky, M.D.
- ❑ Renata Wajsman, M.D.

Services Provided by DDA:

-Colonoscopy
-Upper Endoscopy
-Fiberoptic Sigmoidoscopy
-Capsule Endoscopy
-EUS
-ERCP
-Hepatitis Treatment
-Infusion Therapy
-Hemorrhoid Banding

Invite your patients to visit us at

WWW.DDADOCS.COM

Where your patients can complete information for their upcoming appointment.

Thank you!

Thank you for trusting us with the care of your patients. We will notify your office when this appointment is scheduled