



REFERRAL REQUEST

FAX To: (336) 765-2869

PHONE: (336) 448-2427

Phone option 1 for referrals & scheduling

Our scheduling team will be happy to assist you with all of your scheduling needs! Concerns may be directed to Teri Brown, scheduling manager.

REFERRING PROVIDER INFORMATION:

Provider Name: _____ Practice: _____

Date of Referral: _____ Phone: _____ Fax: _____

PATIENT INFORMATION:

Please send pertinent clinical data, labs, tests, office notes, past treatments, medication/allergy lists & the current plan of care.

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Insurance: _____

Primary Language: _____ Interpreter needed? ☐ Yes ☐ No

Special Needs: _____

REFERRAL INFORMATION:

Consultation is not required prior to most procedures. **Saturday procedure appointments are available monthly!**

Symptom(s)/Reason(s) for Referral: _____

☐ New Patient Consult

☐ Colonoscopy

☐ IBD Clinic Consult

☐ Est. Patient Consult

☐ Upper Endoscopy

☐ Liver Clinic Consult

☐ Orbera Gastric Balloon Consult

Check if URGENT : <input type="checkbox"/> 1 st available provider		
WINSTON-SALEM		
<input type="checkbox"/> No provider preference	<input type="checkbox"/> Robert Holmes, MD	<input type="checkbox"/> Randy Peters, MD
<input type="checkbox"/> William Austin, MD	<input type="checkbox"/> Ryan McKimmie, MD	<input type="checkbox"/> Blake Scott, MD
<input type="checkbox"/> David Barry, MD	<input type="checkbox"/> Henry Mixon, MD	<input type="checkbox"/> Brian Smith, MD
<input type="checkbox"/> Christopher Connolley, MD	<input type="checkbox"/> Daniel Murphy, MD	<input type="checkbox"/> John Sweeney, MD
<input type="checkbox"/> James Gibbs, MD	<input type="checkbox"/> Laura Patwa, MD	<input type="checkbox"/> David Wood, MD
<input type="checkbox"/> Sean Harris, MD		
CLEMMONS		
<input type="checkbox"/> No provider preference	<input type="checkbox"/> Robert Holmes, MD	<input type="checkbox"/> Ryan McKimmie, MD
<input type="checkbox"/> David Barry, MD	<input type="checkbox"/> Brian Smith, MD	
<input type="checkbox"/> Blake Scott, MD		

SCHEDULED APPOINTMENT INFORMATION:

We will contact the patient for scheduling and to answer any questions they may have. Your office will then be notified by phone or fax with the status of the appointment. Our providers will communicate findings to the patient and PCP/Referring Provider within 10 business days of receipt.

Appointment date: _____ Time: _____

☐ Patient aware ☐ Unable to schedule appt ☐ Did not keep appt ☐ Patient r/s appt to: _____

Referring provider notified by fax / phone on (date): _____

Notes: _____