



# 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, Clerical Operations 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, & a copy of the patient's insurance card.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Interpreter needed?  Yes  No

Special Needs: \_\_\_\_\_

## REFERRAL INFORMATION:

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

### REFERRAL TYPE:

- New Patient Consult
- Est. Patient Consult
- Diagnostic colonoscopy (medical problem)
- Screening colonoscopy (no symptoms)
- EGD
- IBD Clinic Consult
- Hemorrhoid Banding Consult
- Other: \_\_\_\_\_
- Interstim Consult
- Liver Clinic Consult
- Orbera Gastric Balloon Consult

DIAGNOSIS/SYMPTOM(S): \_\_\_\_\_

### PREFERRED LOCATION:

- Winston-Salem
- Kernersville
- Clemmons

### PREFERRED PROVIDER:

- 1<sup>st</sup> available (or urgent)
- No preference
- William Austin, MD
- David Barry, MD
- Brent Cengia, MD
- Christopher Connolley, MD
- Scott Cornella, MD
- Sean Harris, MD
- Robert Holmes, MD
- Ryan McKimmie, MD
- Henry Mixon, MD
- Daniel Murphy, MD
- Laura Patwa, MD
- Randy Peters, MD
- Blake Scott, MD
- Brian Smith, MD
- John Sweeney, MD
- David Wood, MD

## SCHEDULED APPOINTMENT INFORMATION (GAP TO RETURN TO REFERRING PROVIDER):

We will contact the patient for scheduling, & your office will then be notified by phone or fax with the status of the appointment. Our providers will communicate findings to the patient & PCP/Referring Provider within 10 business days of receipt.

Appt date: \_\_\_\_\_ Time: \_\_\_\_\_ Referring provider notified by fax / phone on: \_\_\_\_\_

Patient aware  Unable to schedule appt  Did not keep appt  Patient r/s appt to: \_\_\_\_\_

Notes: \_\_\_\_\_