TEXAS MODERN GASTROENTEROLOGY

1402 Medical Drive | Sulphur Springs, TX 75482
Phone: 903-558-2222 | Fax: 903-558-2225
txmoderngi.com. | info@txmoderngi.com

REFERRAL INFORMATION

Referring Provider:

_____

Office Phone Number:

_____

Office Contact Person:

_____

Office Contact Number/Extension:

_____

Date of Referral: _____

Records Sent: ☐Yes ☐No

We kindly ask that all relevant information, including labs, radiology reports, operative reports and previous endoscopic records be sent to our office with the referral request PRIOR to the patient visit

Urgency of Referral:

☐Non-Urgent
☐Next Available
☐Urgent/Stat *(Please call office directly at 903-558-2222)*

☐**For in office consultation:**
Please list referral reason:

_____

_____

_____

☐**For Direct Access Screening Colonoscopy**

Please note that direct access includes first time screeners or those with no previous history of polyps or colorectal cancer. This includes patient without any gastrointestinal complaints or symptoms. If they do have any symptoms, they will need to be evaluated in the clinic beforehand.

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

Date of Birth _____/_____/_____ SSN: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Policy #: _____ Group #: _____

Insured Name: _____ Insured Employer: _____ Insured DOB: _____

Patient's Relationship to Insured: _____ Guarantor Name: _____

Guarantor DOB: _____ Guarantor Phone: _____ Guarantor SSN: _____