GASTRO HEALTH

PATIENT REFERRAL FORM

☐ URGENT REQUEST

ALABASTER/GRANDVIEW

☐ 1022 1st Street N
Suite 200
Alabaster, AL 35007
205-663-1023 phone
1-866-813-9501 fax

☐ 3570 Grandview Pkwy
Suite 200
Birmingham, AL 35243
205-663-1023 phone
1-866-813-9501 fax

☐ FIRST AVAILABLE
☐ Brian A. Brunson, M.D.
☐ John P. Day, M.D.
☐ Robert D. Loudon, M.D.
☐ Robert D. Marks, M.D., MPH
☐ Molly McVey, M.D.
☐ Bradley A. Rubery, M.D.
☐ Kenneth M. Sigman, M.D.
☐ Wiley D. Truss, M.D., MPH

☐ BROOKWOOD

513 Brookwood Blvd.
Suite 401 Birmingham,
AL 35209
205-870-0256 phone
1-877-342-3339 fax

☐ FIRST AVAILABLE
☐ Brent N. Barranco, M.D.
☐ Gregory L. Champion, M.D., FACG
☐ William H. Halama, III, M.D.
☐ Lindsay South Robison, M.D.
☐ Wiley D. Truss, M.D., MPH

☐ PRATTVILLE

645 McQueen Smith Rd N
Suite 106
Prattville, AL 36066
205-870-0256 phone
1-877-342-3339 fax

☐ FIRST AVAILABLE
☐ Brent N. Barranco, M.D.
☐ Wiley D. Truss, M.D., MPH
☐ Ginger McDaniel, CRNP

☐ ST. VINCENT'S EAST

100 Pilot Medical Drive
Suite 250
Birmingham, AL 35235
205-838-3034 phone
1-877-776-2535 fax

☐ FIRST AVAILABLE
☐ Miles E. Gresham, M.D.
☐ William C. Lopez, M.D.
☐ Rohit Malik, M.D.
☐ Mohit Mehra, M.D.
☐ Robert A. Shaffer, M.D.
☐ Charles V. Welden IV, M.D.

☐ GARDENDALE

2217 Decatur Highway
Gardendale, AL 35071
205-838-3034 phone
1-877-776-2535 fax

☐ FIRST AVAILABLE
☐ Miles E. Gresham, M.D.
☐ Mohit Mehra, M.D.
☐ Robert A. Shaffer, M.D.

☐ BLOUNT COUNTY

150 Gilbreath Drive
Oneonta, AL 35121
205-838-3034 phone
1-877-776-2535 fax

☐ William C. Lopez, M.D.
☐ Lisa Peoples, CRNP

☐ PELL CITY

Complete Health Campus
74 Plaza Dr, Suite 1-A Pell
City, AL 35125
205-838-3034 phone
1-877-776-2535 fax

☐ FIRST AVAILABLE
☐ Rohit Malik, M.D.
☐ Robert A. Shaffer, M.D.
☐ Charles V. Welden IV, M.D.

PATIENT INFORMATION (please fill out or attach demo sheet)

Patient's Name: _____ Social Security #: _____

Date of Birth: _____ Sex (circle): M F

Daytime Phone #: _____ Alternate Phone #: _____

Insurance: _____ Referral #, if necessary: _____

PROCEDURE REQUESTED

☐ Office Visit ☐ Colon ☐ EGD ☐ Flex Sig (FSI) ☐ EUS (Endo Ultrasound) ☐ Pill Cam
☐ ERCP ☐ Double Balloon Endoscopy ☐ Hemorrhoid banding

DIAGNOSIS

☐ Screening ☐ Positive Hemoccult ☐ Family History (Colon Cancer) ☐ Iron Deficiency Anemia ☐ GERD
☐ Positive Cologuard ☐ Abdominal Pain ☐ Rectal Bleeding ☐ Other _____

REFERRING PHYSICIAN INFORMATION

Referring Physician's Name: _____

Contact Name: _____ Phone: _____ Fax: _____