West Monroe Office	Monroe Office	Ruston Office
102 Thomas Rd. Ste.114	611 Grammont St.	411 E. Vaughn Ave. Ste. 202
West Monroe, LA 71291	Monroe, LA 71201	Ruston, LA 71270
Ph.: 318.325.2634 Fax: 318.325.0717	Ph.: 318.325.2634 Fax: 318.325.0717	Ph.: 318.232.7080 Fax: 318.325.0717

Consultation/Procedure/Transfer of Care Referral Form

Please complete and send with faxed referrals

Date: ______________________ Patient Name: ______________________

DOB: ______________________ SS#: ______________________

Home/Cell phone: ______________________ Work phone: ______________________

Primary Ins: ______________________ Secondary Ins: ______________________

Referring MD: ______________ Nurse/Contact: ______________ Phone: __________ Fax: __________

Provider Preference:

___ Dr. Hinkle
___ Dr. Richert
___ Dr. Coon
___ Dr. Levatino
___ Dr. Herlevic
___ Dr. Oglesby
___ Dr. Smiarowski (office visits only)

___ Drew Rymill, NP
___ Morgan O'Neal, NP
___ Nicholas Fisher, NP
___ Francie Briscoe, PA
___ Britany Bishop, PA

____ **First Available**

Check service or procedure requested and a diagnosis (please be specific):

***If you are requesting a procedure, please list an appropriate diagnosis and be as specific as possible. Attach any pertinent medical records to support the diagnosis. (office notes, labs, x-ray reports, etc.)**

☐ Office Consultation — Diagnosis: ______________

☐ EGD — Diagnosis: ______________

☐ Flexible Sigmoidoscopy — Diagnosis: ______________

☐ Colonoscopy — Diagnosis: ***Please select a diagnosis***

_____ Screening
_____ Positive Hemoccults
_____ Iron Deficiency Anemia
_____ History of colon polyps
_____ History of colon cancer
_____ Family history of colon polyps
_____ Family history of colon cancer
_____ Other: ______________

☐ Transfer of Care

Is patient on a blood thinner? _____*Yes* _____*No*

Name of blood thinner*:* ______________________

Is patient insulin dependent diabetic? _____*Yes* _____*No*

Defibrillator? _____*Yes* _____*No*

The **Gastroenterology Clinic Scheduling Department** will contact your office with the patient's appointment date and time and the appropriate instructions needed.