



Gastroenterology Associates P.C.  
2222 53<sup>rd</sup> Avenue Bettendorf Iowa 52722  
1118 11th Street, Genesis Medical Center Dewitt

563-823-2473 FAX  
563-449-3740 PHONE

## FAX REFERRAL FORM

Date of Referral \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Phone number: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Reason for GI Referral:**

Routine Screening Colonoscopy – No symptoms

\_\_\_\_\_  
\_\_\_\_\_

**Schedule appointment with:**

FIRST AVAILABLE

Dr. Pratt

Dr. Huh

Dr. Davidson

Dr. Aggarwal (Kumar)

Dr. Weyman

Pediatrics

OPEN ACCESS NURSE

**Appointment information:**

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

With: \_\_\_\_\_

**Referring Information:**

Referring Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax# \_\_\_\_\_

**RECORDS MUST BE RECEIVED TWO (2) DAYS  
PRIOR TO SCHEDULED APPOINTMENT.**

FOR GA USE ONLY

Patient Address: \_\_\_\_\_

Insurance information: \_\_\_\_\_

Returned Fax date/time: \_\_\_\_\_ Initials: \_\_\_\_\_