



Date: _____

Routine

STAT

Referring Physician: _____

Contact Person: _____ Phone: _____ Fax: _____

Patient Name: _____ DOB: _____ SSN: _____

Daytime Phone: _____ Alternate Phone: _____

Primary language spoken: _____

Diagnosis/icd-10: _____

****Please attach demographic information, copy of primary and secondary insurance card(s) (front/back), guarantor information (if applicable), medication list, chart notes, labs/radiology reports pertaining to the diagnosis. For Tricare and HMO insurances, please obtain authorization. Thank you**

<input type="checkbox"/> Consult	<input type="checkbox"/> EGD	<input type="checkbox"/> Screening Colonoscopy	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> ERCP
<input type="checkbox"/> EUS	<input type="checkbox"/> Other Procedure _____			

FDH – 7095 N Chestnut #101,
Fresno CA 93720
Office 559-323-8200 Fax 559-323-9200
(Previously known as Fresno Gastroenterology)

Any Provider

- Ajit Arora, M.D.
- John Abdulian, M.D.
- Adam Greenberg, M.D.
- Hashroop Gurm, M.D.
- Jonathan Myers, D.O.
- Marcella Nole, N.P.

FDH – 1187 N Herndon Ave #101,
Fresno CA 937203
Office 559-440-0450 Fax 559-440-0460
(Previously known as Digestive Disease Consultants)

Any Provider

- Amreet Aujla, M.D.
- Patrick D. Ginn, M.D.
- Abhishek Gulati, M.D.
- Soo Kim, M.D.
- Kevin T. Kodama, M.D.
- Pradnya Mitroo, M.D.
- Sandeep Sekhon, M.D.
- Gurjiwan Virk, M.D.
- Wilmer Palacios Gonzalez, N.P.

Appointment Date: _____	Time: _____	Facility: _____
Patient Notified by: <input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Date PCP faxed: _____