



West Monroe Office

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West Monroe, LA 71291

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Monroe Office

611 Grammont St.
Monroe, LA 71201

Ph.: 318.325.2634 Fax: 318.325.0717

Ruston Office

411 E. Vaughn Ave. Ste. 202
Ruston, LA 71270

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 ___ Kathryn LaBorde, NP ___ **First Available**
 ___ Dr. Richert ___ Drew Rymill, NP
 ___ Dr. Coon ___ Morgan Martin, NP
 ___ Dr. Levatino ___ Nicholas Fisher, NP
 ___ Dr. Herlevic ___ Francie Briscoe, PA

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

<p>*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.)</p>	<input type="checkbox"/> Office Consultation	Diagnosis: _____
	<input type="checkbox"/> EGD	Diagnosis: _____
	<input type="checkbox"/> Flexible Sigmoidoscopy	Diagnosis: _____
	<input type="checkbox"/> Colonoscopy	Diagnosis: <u>Please select a diagnosis</u> _____ Screening _____ Positive Hemocults _____ Iron Deficiency Anemia _____ History of colon polyps _____ History of colon cancer _____ Family history of colon polyps _____ Family history of colon cancer _____ Other: _____
	<input type="checkbox"/> Transfer of Care	

Is patient on a blood thinner? ___ Yes ___ No	Is patient insulin dependent diabetic? ___ Yes ___ No
Name of blood thinner: _____	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.