



REFERRAL REQUEST

FAX TO: (336) 765-2869

PHONE: (336) 448-2427 (Option 1)

Our scheduling team will be happy to assist you with all of your scheduling needs! Concerns may be directed to Teri Brown, Clerical Operations Manager.

REFERRING PROVIDER INFORMATION:

Provider Name: _____ Practice: _____

Date of Referral: _____ Phone: _____ Fax: _____

PATIENT INFORMATION:

Please send pertinent clinical data, labs, tests, office notes, past treatments, medication/allergy lists, the current plan of care, & a copy of the patient's insurance card.

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Insurance Name: _____ Policy #: _____

Primary Language: _____ Interpreter needed? Yes No

Special Needs: _____

REFERRAL INFORMATION:

Consultation is not required prior to most procedures. **Saturday procedure appointments are available monthly!**

REFERRAL TYPE:

- New Patient Consult
- Est. Patient Consult
- Diagnostic colonoscopy (medical problem)
- Screening colonoscopy (no symptoms)
- EGD
- IBD Clinic Consult
- Hemorrhoid Banding Consult
- Other: _____
- Interstim Consult
- Liver Clinic Consult
- Orbera Gastric Balloon Consult

DIAGNOSIS/SYMPTOM(S): _____

PREFERRED LOCATION:

- Winston-Salem
- Kernersville
- Clemmons

PREFERRED PROVIDER:

- 1st available (or urgent)
- No preference
- William Austin, MD
- David Barry, MD
- Brent Cengia, MD
- Christopher Connolley, MD
- Scott Cornella, MD
- Sean Harris, MD
- Robert Holmes, MD
- Jason Jones, MD
- Ryan McKimmie, MD
- Henry Mixon, MD
- Daniel Murphy, MD
- Laura Patwa, MD
- Randy Peters, MD
- Blake Scott, MD
- Brian Smith, MD
- John Sweeney, MD

SCHEDULED APPOINTMENT INFORMATION (GAP TO RETURN TO REFERRING PROVIDER):

We will contact the patient for scheduling, & your office will then be notified by phone or fax with the status of the appointment.

Our providers will communicate test results, treatment plans, or secondary referrals to the patient & PCP/Referring Provider within 10 business days of receipt.

Appt date: _____ Time: _____ Referring provider notified by fax / phone on: _____

Patient aware Unable to schedule appt Did not keep appt Patient r/s appt to: _____

Notes: _____