



WILMINGTON GASTROENTEROLOGY ASSOCIATES, PA

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PHONE: (910) 362-1011

FAX: (910) 350-3199

FAX #: (910) 350-3199

SCHEDULERS FAX REFERRAL FORM

WGA chart #

Please complete this form and fax with the PATIENT'S LAST OFFICE VISITS, ALL RECENT LAB AND X-RAY RESULTS, ANY PREVIOUS COLON/EGD REPORTS and PATHOLOGY, COPIES OF INSURANCE CARDS.

IF YOU ARE REFERRING THIS PATIENT FOR A SCREENING COLONOSCOPY, PLEASE BE AWARE THAT ALL INSURANCE PLANS DO NOT COVER THIS AND PT NEEDS TO BE AT LEAST 50 YEARS OF AGE

PATIENT NEEDS TO BRING INSURANCE CARDS AND LIST OF MEDICATIONS TO THEIR APPOINTMENT

Referring MD PH # FAX#

MD's Mailing Address: NPI#

Sender's Name Date Sent to WGA:

Patient's Primary Care Physician: PH#:

PATIENT'S Name Male Female (circle)

DOB / / SSN - - HM PH#

ADDRESS WK PH#

CELL PH#

INSURANCE COMPANY: ID#:

GROUP #: INSURED EMPLOYER:

++++PLEASE BE AWARE THAT WE ARE OUT OF NETWORK WITH AETNA++++

PLEASE CHOOSE TYPE OF APPOINTMENT NEEDED

-Endoscopic Ultrasound (EUS) and DX:

-COLONOSCOPY (Screening only):

-OFFICE CONSULT and DX:

Physician Requested Can your patient see 1st available Physician Assistant (circle) Y N

We have contacted your patient and scheduled this appointment:

Appointment Date: / / Time: AM / PM ARRIVE AT

Prep Date for procedure: / / Time: AM / PM ARRIVE AT

Appointment made with: PA-C / MD

Scheduler's Name Questions, call: (910) 362-1011 Ext:

*Please ask your patient to call us if this appointment needs to be rescheduled. A \$25.00 fee will be charged if appointment is not cancelled within 24-hours **Fax medical records to (910) 350-3199**