



WILMINGTON GASTROENTEROLOGY
5115 OLEANDER DRIVE
WILMINGTON, NC 28403

REFERRAL REQUEST

FAX TO: (910) 350.3199
PHONE: (910) 362.1011

Phone option 4 for referrals & scheduling

REFERRING PROVIDER INFORMATION:

Provider Name: _____ Practice: _____

Date of Referral: _____ Phone: _____ Fax: _____

Senders Name: _____

Patient PCP: _____ Phone: _____

Screening colonoscopies are covered by all insurance companies for patients 50 years of age & older

PATIENT INFORMATION:

Please send pertinent clinical data, labs, tests, office notes, pathology, medication/allergy lists & copy of insurance card.

Patient Name: _____ DOB: _____

SSN: _____ Gender: Male Female

Home Phone: _____ Cell Phone: _____

Home Address: _____

Primary Language: _____ Interpreter needed? Yes No

Insurance Carrier: _____ ID #: _____ Group #: _____

REFERRAL INFORMATION:

Symptom(s)/Reason(s) for Referral: _____

- Office Consult Colonoscopy (Screening) Other
 EUS _____

Check if **URGENT**: 1st available Provider or Physician Assistant

- | | | |
|---|--|---|
| <input type="checkbox"/> No provider preference | <input type="checkbox"/> Steven D. Klein, MD | <input type="checkbox"/> Mariam Sauer, MD |
| <input type="checkbox"/> Joseph Kittinger III, MD | <input type="checkbox"/> D. Spencer Carney, MD | <input type="checkbox"/> Kunal S. Dalal, MD |
| <input type="checkbox"/> William W. King, MD | | |
| <input type="checkbox"/> Robert D.J. Henihan, MD | | |

Our practice can also receive your referral requests via secure direct messaging at wilmingtongi@directaddress.net