

GASTRO CENTER OF MARYLAND

☎ 410-290-6677 (Office)

☎ 410-290-6676 (Fax)

🌐 www.gastromaryland.com

GASTROENTEROLOGY CONSULT REQUEST

PATIENT INFORMATION

Patient Full Name : _____
(PLEASE PRINT NAME)

Date Of Birth : ____/____/____

Address : _____

Phone Number : _____ Email : _____

Insurance Provider : _____

Policy ID Number : _____ Group ID Number : _____

**Please ensure that all necessary insurance referrals or authorizations are processed and submitted prior to or along with the consult/referral form. **

REFERRING PHYSICIAN INFORMATION

Referring Physicians Name : _____
(PLEASE PRINT NAME)

NPI Number : _____

Office Name : _____

Address : _____

Phone Number : _____ Email : _____

REASON(S) FOR REFERRAL

- | | | |
|--|--|---|
| ☐ Colonoscopy | ☐ Endoscopic Ultrasound (EUS) | ☐ Small Bowel Capsule Endoscopy |
| ☐ Consultation and Treatment | ☐ H Pylori Breath Testing | ☐ Small Intestinal Bacterial Overgrowth (SIBO) Testing |
| ☐ Esophagogastroduodenoscopy (EGD) | ☐ Hydrogen Breath Test | |
| ☐ Endoscopic Retrograde Cholangiopancreatography (ERCP) | ☐ Integrative Nutrition | |

Other Reason(s), : _____
Signs and Symptoms



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REFERRAL / AUTHORIZATION INFORMATION

Date of Referral : _____ Referral is Valid : _____

Until

Number of Visits : _____ Authorization : _____
Authorized Number (IF REQUIRED)

Signature : _____

Date : _____ / _____ / _____

PREFERRED LOCATION(S)

- | | | |
|--|--|---|
| ☐ Any / First Available | ☐ Gaithersburg
501 N Frederick Ave,
Suite 204 Gaithersburg, MD
20877 | ☐ Rockville
15225 Shady Grove Rd,
Suite 304
Rockville, MD 20850 |
| ☐ Annapolis
1419 Forest Dr,
Suite 105
Annapolis, MD 21403 | ☐ Olney
3405 Olandwood Ct,
Suite 102
Olney, MD 20832 | ☐ Silver Spring
10301 Georgia Ave,
Suite 208
Silver Spring MD 20901 |
| ☐ Bethesda
5622 Shields Dr,
Bethesda, MD 20817 | ☐ Owings Mills
21 Crossroads Dr
Suite 205
Owings Mills, MD 21117 | ☐ Timonium
1212 York Rd,
Suite B201
Lutherville, MD 21093 |
| ☐ Columbia
7120 Minstrel Way,
Suite 100 & 211
Columbia, MD 21045 | ☐ Riverdale
6502 Kenilworth Ave,
Suite 100
Riverdale, MD 20737 | ☐ White Marsh
4940 Campbell Blvd,
Suite 140
White Marsh, MD 21236 |
| ☐ Columbia
7130 Minstrel Way,
Suite 217
Columbia, MD 21045 | | |

PREFERRED PROVIDER(S)

- | | | |
|--|---|--|
| ☐ Rudy Rai, MD | ☐ Urooj Ahmed, MD | ☐ Shaffer Mok, MD |
| ☐ Pia Prakash, MD | ☐ Monica Passi, MD | ☐ Raymond Richhart, MD |
| ☐ Josh Rosenbloom, DO | ☐ Ryan Byrne, MD | ☐ Neha Rajpal, MD |
| ☐ Eduardo Castillo, MD | ☐ Rushi Talati, MD | ☐ Monica Patel, MD |
| ☐ Farzin Rashti, MD | ☐ Jennie Zhang, MD | |
| ☐ Dabo Xu, MD | ☐ Hannah Clevenger, CRNP | |
| ☐ Dhruv Lowe, MD | ☐ Melissa Nickols, PA-C | |
| ☐ Alexander Mamunes, MD | | ☐ Any / First Available |
| ☐ Thi Khuc, MD | | |

REFERRAL SUBMISSION INSTRUCTIONS

Please fax the completed referral form, along with any relevant medical records or information, and the patient's insurance referral (if required) to **410-290-6676**. Ensure all necessary documents are included to prevent delays in processing. Gastro Center of Maryland (GCM) is not responsible for any errors, omissions, or delays caused by incomplete or incorrect submissions.

