

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 :** _____

REFERRAL / AUTHORIZATION INFORMATION

Date of Referral : _____ **Referral is Valid Until :** _____

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

Signature : _____

Date : _____ / _____ / _____

PATIENT REFERRAL INFORMATION

What to Bring to Your First Gastroenterology Appointment:

1. Identification
2. Insurance Information
3. List of Medications
4. Allergy Information
5. Symptom History (If Applicable)
6. Family Medical History
7. Questions or Concerns
8. Referral Letter (If Applicable)



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REASON(S) FOR REFERRAL

- Colonoscopy
- Consultation and Treatment
- Esophagogastroduodenoscopy (EGD)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
- H Pylori Breath Testing
- Hydrogen Breath Test
- Integrative Nutrition
- Liver Biopsy
- Orbera Intragastric Weight Loss Balloon
- Small Bowel Capsule Endoscopy
- Small Intestinal Bacterial Overgrowth (SIBO) Testing

Other Reason(s), : _____

Signs and Symptoms _____

PREFERRED LOCATION(S)

- Annapolis
1419 Forest Dr, Suite 105
Annapolis, MD 21403
- Bethesda
5622 Shields Drive
Bethesda, MD 20817
- Columbia
7120 Minstrel Way, Suite 100 & 211
Columbia, MD 21045
7130 Minstrel Way, Suite 217
Columbia, MD 21045
- Gaithersburg
501 N Frederick Ave, Suite 204
Gaithersburg, MD 20877
- Olney
3405 Olandwood Court, Suite 102
Olney, MD 20832
- Riverdale
6502 Kenilworth Ave, Suite 100
Riverdale, MD 20737
- Timonium
1212 York Rd, Suite B201
Lutherville, MD 21093
- White Marsh
4940 Campbell Boulevard, Suite 140
White Marsh, MD 21236
- Any / First Available

PREFERRED PROVIDER(S)

- Rudy Rai, MD
- Pia Prakash, MD
- Josh Rosenbloom, DO
- Urooj Ahmed, MD
- Eduardo Castillo, MD
- Farzin Rashti, MD
- Dabo Xu, MD
- Monica Passi, MD
- Any / First Available
- Dhruv Lowe, MD
- Alexander Mamunes, MD
- 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.

