

## GASTRO CENTER OF MARYLAND

☎ 410-290-6677 (Office)

☎ 410-290-6676 (Fax)

🌐 [www.gastromaryland.com](http://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

- |   |  |
|---|--|
| <input type="checkbox"/> Colonoscopy  | <input type="checkbox"/> Integrative Nutrition                                   |
| <input type="checkbox"/> Consultation and Treatment                               | <input type="checkbox"/> Liver Biopsy  |
| <input type="checkbox"/> Esophagogastroduodenoscopy (EGD)                         | <input type="checkbox"/> Orbera Intra gastric Weight Loss Balloon                |
| <input type="checkbox"/> Endoscopic Retrograde<br>Cholangiopancreatography (ERCP) | <input type="checkbox"/> Small Bowel Capsule Endoscopy                           |
| <input type="checkbox"/> H Pylori Breath Testing                                  | <input type="checkbox"/> Small Intestinal Bacterial<br>Overgrowth (SIBO) Testing |
| <input type="checkbox"/> Hydrogen Breath Test                                     |  |

Other Reason(s), : \_\_\_\_\_  
Signs and Symptoms \_\_\_\_\_

## PREFERRED LOCATION(S)

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

## PREFERRED PROVIDER(S)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Rudy Rai, MD          | <input type="checkbox"/> Eduardo Castillo, MD | <input type="checkbox"/> Dhruv Lowe, MD        |
| <input type="checkbox"/> Pia Prakash, MD       | <input type="checkbox"/> Farzin Rashti, MD    | <input type="checkbox"/> Alexander Mamunes, MD |
| <input type="checkbox"/> Josh Rosenbloom, DO   | <input type="checkbox"/> Dabo Xu, MD          | <input type="checkbox"/> Thi Khuc, MD          |
| <input type="checkbox"/> Urooj Ahmed, MD       | <input type="checkbox"/> Monica Passi, MD     |  |
| <input type="checkbox"/> Any / First Available |   |  |

## 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.

