



# Midwest Gastrointestinal Associates PC

(402) 397-7057

**Office Locations:**

8901 Indian Hills Drive, Suite 200, Omaha, NE 68114  
17001 Lakeside Hills Plaza, Suite 200, Omaha, NE 68130  
801 Harmony, Suite 402, Council Bluffs, IA 51503

Please fax requests to Scheduling Department:

**(402) 505-4710**

**Referral Form**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Tyron A. Alli, MD          | <input type="checkbox"/> Joshua T. Evans Sr., MD        | <input type="checkbox"/> William C. Livingston, DO | <input type="checkbox"/> Edwin C. Schafer, MD     |
| <input type="checkbox"/> Alexander B. Bernal, MD    | <input type="checkbox"/> Helen O. Fasanya-Uptagraft, MD | <input type="checkbox"/> Thomas R. McGinn, MD      | <input type="checkbox"/> Michael E. Schafer, MD   |
| <input type="checkbox"/> Douglas E. Brouillette, MD | <input type="checkbox"/> Benjamin S. Hall, MD           | <input type="checkbox"/> Matthew M. McMahon, MD    | <input type="checkbox"/> Marc A. Scheer, DO       |
| <input type="checkbox"/> John J. Cannella III, MD   | <input type="checkbox"/> Kimberly S. Harmon, MD         | <input type="checkbox"/> John C. Mitchell II, MD   | <input type="checkbox"/> Bradley J. Schroeder, MD |
| <input type="checkbox"/> Jason J. Cisler, MD        | <input type="checkbox"/> Grant F. Hutchins, MD          | <input type="checkbox"/> Trevor J. Pearson, MD     | <input type="checkbox"/> Brian W. Ward, MD        |
| <input type="checkbox"/> Rebecca A. Ehlers, MD      | <input type="checkbox"/> Kathryn E. Hutchins, MD        | <input type="checkbox"/> Kyle D. Rose, DO          |   |

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (hm): \_\_\_\_\_ (wk): \_\_\_\_\_ (cell): \_\_\_\_\_

SS #: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_

- Test Requested:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> GI Consult      | <input type="checkbox"/> ERCP                 | <input type="checkbox"/> EUS (Endoscopic Ultrasound) |
| <input type="checkbox"/> Colonoscopy     | <input type="checkbox"/> Panendoscopy         | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Upper Endoscopy | <input type="checkbox"/> 24 Hour pH Manometry |  |

\*Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

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If any tests/labs have been done please fax results with this scheduling sheet. Please fax completed form to our fax number listed above and our scheduling team will contact your patient regarding your request.

**\*To bill for a screening colonoscopy the patient must be without gastrointestinal symptoms, 50 years of age or older, have no personal history of gastrointestinal disease, colon polyps and/or colon cancer. In most cases patients are limited to one screening colonoscopy per ten year increment.**

**Patients 18 and younger and 80 and older will be scheduled for an office appointment prior to performing an endoscopic procedure to complete a full pre-endoscopic evaluation to determine the most appropriate plan of care required for their safety and comfort.**

Visit our website at [www.midwestgi.com](http://www.midwestgi.com) for additional information and forms.

<b><u>MGI Use Only</u></b>
<input type="checkbox"/> Patient Scheduled
Date: _____
Location: _____
Doctor: _____
<input type="checkbox"/> Patient Not Scheduled
<input type="checkbox"/> Patient Refused _____
<input type="checkbox"/> Attempted to Contact/Schedule:
x1. _____
x2. _____