



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

808 East Pierce Street, Suite 301, Council Bluffs, IA 51503

Please fax requests to Scheduling Department:

(402) 505-4710

Referral Form

- Tyron A. Alli, MD
- Alexander B. Bernal, MD
- John J. Cannella III, MD
- Jason J. Cisler, MD
- Rebecca A. Ehlers, MD
- Derrick D. Eichele, MD
- Helen O. Fasanya-Uptagraft, MD
- Benjamin S. Hall, MD

- Kimberly S. Harmon, MD
- Jordan D. Holmes, MD
- Grant F. Hutchins, MD
- Deepti A. Jacob, MD
- William C. Livingston, DO
- Thomas R. McGinn, MD
- Matthew M. McMahon, MD

- Sheeva K. Parbhu, MD
- Trevor J. Pearson, MD
- Rajani Rangray, MD
- Kyle D. Rose, DO
- Michael E. Schafer, MD
- Marc A. Scheer, DO
- Brian W. Ward, MD

Date: _____

Patient Name: _____

Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

SS #: _____ Sex: M F DOB: _____

Referring Doctor: _____ Phone #: _____ Fax: _____

Insurance: _____

Test Requested: GI Consult Upper Endoscopy Other: _____
 Colonoscopy Panendoscopy

*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, 45 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 for additional information and forms.

MGI Use Only

Patient Scheduled

Date: _____

Location: _____

Doctor: _____

Patient Not Scheduled

Patient Refused: _____

Attempted to Contact/Schedule:

x1. _____

x2. _____