Midwest Gastrointestinal Associates PC

Referral Form

- ☐ Tyron A. Alli, MD
- ☐ Alexander B. Bernal, MD
- ☐ John J. Cannella III, MD
- ☐ Jason J. Cisler, MD
- ☐ Rohtashav Dhir, MD
- ☐ Rebecca A. Ehlers, MD
- ☐ Derrick D. Eichele, MD
- ☐ Helen O. Fasanya-Uptagraft, 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
- ☐ Benjamin S. Hall, MD
- ☐ Sheeva K. Parbhu, MD
- ☐ Trevor J. Pearson, MD
- ☐ Thoetchai "Bee" Peeraphatdit, MD
- ☐ Rajani Rangray, MD
- ☐ Kyle D. Rose, DO
- ☐ Michael E. Schafer, MD
- ☐ Marc A. Scheer, DO
- ☐ Aun R. Shah, MD
- ☐ 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
- ☐ Colonoscopy
- ☐ Upper Endoscopy
- ☐ Panendoscopy
- ☐ FibroScan®
- ☐ Other: _____

***Diagnosis:** _____ **ICD 10 Code:** _____
***Diagnosis:** _____ **ICD 10 Code:** _____

If any tests/labs have been completed please fax results with this scheduling sheet.
Please submit completed form electronically or via the fax number listed below 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.

Submit completed form electronically or fax to: 402.505.4710.

Our Scheduling Department will attempt to contact the patient two times to schedule and will send letter notifying your office of our results.

8901 Indian Hills Drive, Ste 200
Omaha, Nebraska 68114
p 402.397.7057
f 402.397.6656

17001 Lakeside Hills Plaza, Ste 100
Omaha, Nebraska 68130
p 402.885.8700
f 402.885.8719

808 East Pierce Street, Ste 301
Council Bluffs, Iowa 51503
p 712.396.2997
f 712.796.1194