



- ☐ 317 St Francis Dr Suite 170 - Professional Medical Building (Downtown Greenville)
- ☐ 112A Hospital Drive Simpsonville (To the right of Hillcrest Hospital ER)
- ☐ 125 Halton Rd Suite 200 Greenville (Between Mall Connector Rd and Congaree Rd)
- ☐ 105 Chapman Hill Rd Suite A Clemson (located in Patrick Square)
- ☐ 225 E. Blackstock Road Spartanburg (Diagonal to Doctor's Care)

APPOINTMENT REQUEST FORM

☐ Urgent ☐ Routine

Fax this form with pertinent patient records to: (864) 239-6645

Call (864) 232-7338 if you have not received a reply from our office regarding this appointment request.

Referring Provider Information

Referred by: _____	Referring Coordinator: _____
Phone: _____	Fax: _____

Patient Information

Patient Name: _____	DOB: _____
Patient Address: _____	
Cell Number: _____	Alt. Number: _____
Insurance Payer Name: _____	
(Include authorization # if required by plan)	

Reason for Appointment

Consultation to evaluate and treat:

- | | | | | | |
|---|--|---|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Anemia / IDA
include labs | <input type="checkbox"/> Constipation | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Dysphagia |
| <input type="checkbox"/> elevated LFTs
* include labs* | <input type="checkbox"/> GERD | <input type="checkbox"/> HEP C
* include labs* | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Pancreatitis | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Change in Bowel Habits | <input type="checkbox"/> GI Bleed: <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Unsure | | | | |
| <input type="checkbox"/> Other _____ | | | | | |

Procedure:

- ☐ Screening/Surveillance Colonoscopy **Family hx colon:** ☐ polyps ☐ cancer **Personal hx colon:** ☐ polyps ☐ cancer

We will schedule your patient and fax the appointment date/time to the fax # provided. **Please provide any pertinent records such as office notes, imagery studies, labs, or hospital records.** Please provide a copy of the patient's insurance card. We appreciate your referral!