



REFERRAL BY FAX~937-431-8008

PHONE: (937) 427-1680

- | | | |
|--|---|---|
| <input type="checkbox"/> Larry Weprin, M.D. | <input type="checkbox"/> R. Christopher Wille, M.D. | <input type="checkbox"/> Dina Ezzeddine, M.D. |
| <input type="checkbox"/> Donald R. Lutter, M.D. | <input type="checkbox"/> Rolando Sineneng, M.D. | <input type="checkbox"/> Ilyas Ikramuddin, D.O. |
| <input type="checkbox"/> Michael W. Gorsky, M.D. | <input type="checkbox"/> Steven C. Dellon, M.D. | <input type="checkbox"/> Pam Clinard, PA-C |
| <input type="checkbox"/> Piush Gupta, M.D. | <input type="checkbox"/> Javad Kardan, M.D. | <input type="checkbox"/> First Available |

Patient Demographics

Name: _____

Phone #'s Home: _____ **Work/Cell:** _____

Insurance: _____

Reason for referral: _____

Type of Appointment	Referring Physician
<input type="checkbox"/> NEW PATIENT CONSULT	Name: _____ Phone #: _____ Fax #: _____ Contact person: _____
<input type="checkbox"/> COLONOSCOPY	
<input type="checkbox"/> EGD	
<input type="checkbox"/> ERCP	
<input type="checkbox"/> PEG PLACEMENT	
<input type="checkbox"/> SIGMOIDOSCOPY	
<input type="checkbox"/> ROUTINE VISIT	
<input type="checkbox"/> 24 PH MONITOR	
<input type="checkbox"/> ESO CAPSULE	
<input type="checkbox"/> SMALL BOWEL CAPSULE	

Please fax any pertinent medical records with this referral.
 Our schedulers will contact your patient within 24 hours. We will fax this form back to you after reaching your patient.

For GILD Office Use

Patient's appointment _____

Date: _____ Time: _____ Location: _____

Physician Consulting patient: _____

Medical Office & Endoscopy Center North
 9000 N Main Street Suite 405
 Dayton, OH 45415

Medical Office & Endoscopy Center South
 4200 Indian Ripple Road
 Beavercreek, OH 45440

Springfield Office
 2624 Lexington Avenue #200
 Springfield, OH 45505

Cornerstone Medical Center
 7740 Washington Village Dr.
 Centerville, OH 45459

Huber Heights Office
 8501 Old Troy Pike
 Huber Heights, OH 45424

Xenia Office
 1141 North Monroe
 Xenia, OH 45385

Troy Office
 45 Stanfield Rd. Suite 202
 Troy, OH 45373

Kettering Office
 1362 Stroop Rd.
 Kettering, OH 45249