

# ILLINOIS GASTROENTEROLOGY INSTITUTE

1001 MAIN STREET SUITE 500A PEORIA, IL 61606 PHONE: 672-4980 FAX: 495-1191

SCREENING COLONOSCOPY

OFFICE CONSULT & FOLLOW UP

DATE: \_\_\_\_\_ REFERRING MD: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ REFERRING MD NPI # \_\_\_\_\_

DOB: \_\_\_\_\_ PATIENT SSN: \_\_\_\_\_ MD PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MD FAX: \_\_\_\_\_

\_\_\_\_\_ MD CONTACT PERSON: \_\_\_\_\_

\_\_\_\_\_ REFERRING OFFICE E-MAIL: \_\_\_\_\_

PATIENT PHONE: \_\_\_\_\_ PT INSURANCE: \_\_\_\_\_

PT ALTERNATE PHONE: \_\_\_\_\_ PATIENT INSURANCE ID#: \_\_\_\_\_

OK TO LEAVE MESSAGE  Noon – 4:30pm

PATIENT E-MAIL: \_\_\_\_\_ SEX:  MALE  FEMALE

PATIENT DIAGNOSIS FOR REFERRAL: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE FAX: X-RAY, LABS, PROCEDURES, OTHER PERTINENT RECORDS & INSURANCE  
CARDS (FRONT & BACK) TO  
PEORIA 309-495-1191

## FOR ILLINOIS GASTROENTEROLOGY INSTITUTE USE ONLY

APPOINTMENT DATE: \_\_\_\_\_

APPOINTMENT TYPE: \_\_\_\_\_

APPOINTMENT TIME: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PT HAS BEEN NOTIFIED:  YES  NO

### DISPOSITION

OFFICE VISIT REQUIRED PRIOR TO PROCEDURE

SPOKE WITH PATIENT OR \_\_\_\_\_

SPOKE WITH REFERRING OFFICE

UNABLE TO REACH PATIENT

FAXED TO REFERRING MD OFFICE

E-MAILED TO REFERRING MD

DATE: \_\_\_\_\_

Please do not have the patients call us, we will call them and fax this form back to you with the appointment information.