



GASTROENTEROLOGY/NUTRITION DIVISION

Patient Access Center
455 S. Main Street
Orange, CA 92868
Phone (714) 532-7984
Fax (714) 289-4773

Division Information:

Intake By:	DOB:
Patient:	Home Phone:
Parent(s) Name:	Alt. Daytime Phone:
Referring Provider:	Hospital Division: Gastroenterology/Nutrition Division
Phone:	
Fax:	

GASTROENTEROLOGY/NUTRITION DIVISION

*** Urgent referrals require physician to physician contact, Please call (714) 289-4099 option 1 to speak with Gastroenterology Provider on call ***

In order for patients to be triaged in a timely manner, please provide all of the information below:

Referral Diagnosis:

- Abdominal Pain
- Diarrhea
- Weight Loss
- GI Bleed
- GERD
- Jaundice
- Constipation
- Growth Failure
- Vomiting
- Other _____

Pertinent Medical History:

Work up done to date:

- UGI
- UTZ
- U/A
- CT Scan – Abdominal
- CT Scan – Head
- Stool C&S
- Stool O&P
- Stool OB
- CBC
- ESR
- CHEM 18
- Other _____

Treatment to date:

Other physicians treating this patient and phone number:

Submission Checklist:

- Demographic Information (Patient Contact Information)
- Growth Chart or past heights and weights
- Lab and Test reports done less than 1 year
- PCP/Referring Physicians latest progress reports

Comments:

Insurance/Authorization Checklist:

- Copy of the insurance card (front and back) must accompany this form
- Copy of the Authorization (for example: CPT: 99245 (new established high complex)
- No Authorization Required

Insurance Contact and Direct Phone Number: _____

Confidentiality Notice:

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Referring Provider Signature: