

# California Digestive Disease Center

7405 N Fresno Street • Fresno CA 93720

Tel: (559)438-8400 • Fax: (559)438-0477

## Gastroenterology Referral Form

- Ujagger S. Dhillon, M.D.
- JayaKrishna Chintanaboina, M.D., MPH
- Any Provider (no preference)

Patient Name:	DOB:
Address:	
City/State/Zip:	
Home Phone:	Cell Phone:
Type of Insurance:	SS#

**Currently we are not accepting any new Medi-cal, EHS, LA Salle referrals**

Has the patient been seen here before? Yes No When: \_\_\_\_\_

### **Referring Provider Information:**

Group/Facility Name: \_\_\_\_\_

Name of the referring physician/APP: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI: \_\_\_\_\_ License: \_\_\_\_\_

<b>Reason for referral:</b>

**Reply appointment information to:** \_\_\_\_\_ **@ Fax#:** \_\_\_\_\_

Same day appointments are available based on the diagnosis. Please fax any recent endoscopy/colonoscopy reports, labs/CT scans/x-ray, progress notes, copies of current insurance cards, etc. along with the patient demographics. If you have any questions, please call our office. It may take up to 2 weeks for the patient to be scheduled. Patient will not be able to be scheduled without demographics, insurance cards and/or authorization (if required). Authorization must be with the CPT 99204.

**\* Patient is considered a new patient after 3 years from our last visit.**