

COLONIAL GASTROENTEROLOGY ASSOCIATES
11803 Jefferson Ave. Suite 230 400 Sentara Circle Suite 103
Newport News, VA 23606 Williamsburg, VA 23188
Phone: 757-534-7701 Fax 757-534-7708

REFERRAL:

(Please check which office patient prefers to be seen in)

_____Newport News Office

_____Williamsburg Office

TODAY'S DATE: _____

SCHEDULE APPT WITH:

Adams Odabasi Rakhra Zhang Chhatrala Beduya Kirby,PA Shelton, PA First Available

REFERRING DOCTOR: _____

OFFICE PHONE#: _____ **FAX#:** _____

PATIENT NAME: _____

PATIENT DOB: _____ **SS #:** _____

PT HOME#: _____ **WORK#:** _____ **CELL#:** _____

REASON FOR APPT: _____

PATIENT INSURANCE: _____

PATIENT ID NUMBER: _____

In order for us to efficiently process your patient referral, we ask that when faxing your request you also fax copies of items listed below:

PATIENT'S INSURANCE CARD(S), INSURANCE REFERRAL (IF NEEDED), ALL OFFICE NOTES, LABS, X-RAYS, ETC...PERTINENT TO THE APPOINTMENT WITH US.

NOTE: Appointments will be made with the first available doctor/physician assistant, unless otherwise specified. We will be contacting the patient to set up his/her upcoming appointment. As soon as it has been scheduled, you will receive a confirmation of the date and time of the appointment. If you have any other questions or comments, please contact our office at 757-534-7701. Please visit our website at www.glstva.com for additional referral forms. We thank you for your referral!