



**CHARLOTTE
GASTROENTEROLOGY &
HEPATOLOGY**

**EASY ACCESS
GI
REFERRAL
FORM**

Thank you for choosing Charlotte Gastroenterology and Hepatology as your GI referral of choice. In keeping with our commitment of excellence in customer service, we developed this "Easy Access GI" form to provide easier access to our appointment schedule. Simply complete the information below and fax this form back to the number provided. We have a fax line dedicated only to receiving these appointment referrals:

**EASY ACCESS GI
FAX LINE: (704) 602-6576**

You have a choice, by fax or phone, in how you receive the information regarding the appointment. We will also call the patient direct, if you so choose. If referring to a particular physician within our practice, be sure to include his/her name and location choice. Please have your Medical Records Dept. fax records as soon as possible prior to the scheduled appointment to 704-375-6970. Our appointment coordinators are available to assist you with any of your appointment needs. Again, thank you for choosing Charlotte Gastroenterology and Hepatology!

PATIENT NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY/ST/ZIP:** _____

DOB: _____ **SOCIAL SECURITY NO.** _____

INSURANCE CARRIER NAME: _____

HOME PHONE: _____ **MOBILE:** _____ **WORK:** _____

Call patient to confirm appointment? Yes /No **Appointment date by Fax or Phone**

Appointment date: _____ **/Time:** _____

Reason for referral: _____ **Routine /** **Stat Request**

Physician requested: _____ **Locations requested:** _____

Referring Physician/Practice: _____ **Phone No.:** _____

Referral Coordinator: _____ **Fax No.** _____

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