

GASTROENTEROLOGY CONSULT REQUEST

PATIENT INFORMATION

Patient Full Name : _____
(PLEASE PRINT NAME)

Date Of Birth : _____ / _____ / _____

Address : _____

Phone Number : _____ Email : _____

Insurance Provider: _____

Policy ID Number : _____ Group ID Number : _____

**Please ensure that all necessary insurance referrals or authorizations are processed and submitted prior to or along with the consult/referral form. **

REFERRING PHYSICIAN INFORMATION

Referring Physicians Name : _____
(PLEASE PRINT NAME)

NPI Number : _____

Office Name : _____

Address : _____

Phone Number : _____ Email : _____

REASON(S) FOR REFERRAL

- | | | |
|--|--|---|
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> H Pylori Breath Testing | <input type="checkbox"/> Small Bowel Capsule Endoscopy |
| <input type="checkbox"/> Consultation and Treatment | <input type="checkbox"/> Hydrogen Breath Test | <input type="checkbox"/> Small Intestinal Bacterial Overgrowth (SIBO) Testing |
| <input type="checkbox"/> Esophagogastroduodenoscopy (EGD) | <input type="checkbox"/> Integrative Nutrition | |
| <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography (ERCP) | | |

Other Reason(s), : _____
Signs and Symptoms



GASTRO CENTERS OF PENNSYLVANIA

☎ 484-339-6869 (Office)

☎ 484-214-9609 (Fax)

🌐 www.gastrocenterspa.com

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REFERRAL / AUTHORIZATION INFORMATION

Date of Referral : _____ Referral is Valid : _____

Until

Number of Visits : _____ Authorization : _____
Authorized Number *(IF REQUIRED)*

Signature : _____

Date : _____ / _____ / _____

PREFERRED LOCATION(S)

- Malvern**
325 Central Ave
Suite 100
Malvern PA 19355

PREFERRED PROVIDER(S)

- Johann Hasbun, MD**

REFERRAL SUBMISSION INSTRUCTIONS

Please fax the completed referral form, along with any relevant medical records or information, and the patient's insurance referral (if required) to **484-214-9609**. Ensure all necessary documents are included to prevent delays in processing. Gastro Centers of Pennsylvania (GCP) is not responsible for any errors, omissions, or delays caused by incomplete or incorrect submissions.

