



Date: \_\_\_\_\_

Routine

STAT

Referring Physician: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary language spoken: \_\_\_\_\_

Diagnosis/icd-10: \_\_\_\_\_

**\*\*Please attach demographic information, copy of primary and secondary insurance card(s) (front/back), guarantor information (if applicable), medication list, chart notes, labs/radiology reports pertaining to the diagnosis. For Tricare and HMO insurances, please obtain authorization. Thank you**

<input type="checkbox"/> Consult	<input type="checkbox"/> EGD	<input type="checkbox"/> Screening Colonoscopy	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> ERCP
<input type="checkbox"/> EUS	<input type="checkbox"/> Other Procedure _____			

**FDH** – 7095 N Chestnut #101,  
Fresno CA 93720  
Office 559-323-8200 Fax 559-323-9200  
*(Previously known as Fresno Gastroenterology)*

Any Provider

- Ajit Arora, M.D.
- John Abdulian, M.D.
- Adam Greenberg, M.D.
- Hashroop Gurm, M.D.
- Jonathan Myers, D.O.
- Marcella Nole, N.P.
- Amitpaul Gill, MD

**FDH** – 1187 N Herndon Ave #101,  
Fresno CA 93720  
Office 559-440-0450 Fax 559-440-0460  
*(Previously known as Digestive Disease Consultants)*

Any Provider

- Amreet Aujla, M.D.
- Patrick D. Ginn, M.D.
- Abhishek Gulati, M.D.
- Soo Kim, M.D.
- Kevin T. Kodama, M.D.
- Pradnya Mitroo, M.D.
- Sandeep Sekhon, M.D.
- Gurjiwan Virk, M.D.
- Taylor Ash, P.A.
- Wilmer Palacios Gonzalez, N.P.

Appointment Date: _____	Time: _____	Facility: _____
Patient Notified by: <input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Date PCP faxed: _____