

Fax completed form with supporting documents to 855-813-0240

Please Include: Insurance card copy, demographics and relevant clinical notes.

** Failure to include this may cause a delay in processing.

GASTROENTEROLOGY AND HEPATOLOGY SPECIALISTS

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> C. Gregory Albers, MD | <input type="checkbox"/> Robert Lee, MD | <input type="checkbox"/> Sandra Park, MD | <input type="checkbox"/> First available |
| <input type="checkbox"/> Lydia Aye, DO | <input type="checkbox"/> Christina Ling, MD | <input type="checkbox"/> Carlos Saad, MD, PhD | |
| <input type="checkbox"/> Ke-Qin Hu, MD | <input type="checkbox"/> Hooshang Meshkinpour, MD | <input type="checkbox"/> Mark Salem, MD | |
| <input type="checkbox"/> William Karnes, MD | <input type="checkbox"/> Nimisha Parekh, MD | | |

Date of referral: _____ Referring physician: _____

Address: _____ Phone: _____ Fax: _____

Referral coordinator: _____

Referring MD signature: _____ **Date:** _____

PATIENT INFORMATION *(please print)*

Last: _____ First: _____ Date of birth (MM/DD/YY): _____ Sex: ☐ M ☐ F

Address: _____ City: _____ State: _____ ZIP: _____

First contact phone: _____ Second contact phone: _____

Email: _____

PRIORITY ☐ Emergent (<48 hours) ☐ Urgent (<72 hours) ☐ Routine

Diagnosis: _____ **ICD-10:** _____

OFFICE VISIT ☐ New patient consultation (99245) ☐ Follow-up visit (99215) ☐ Second opinion

PROCEDURE

- | | | |
|---|---|---|
| <input type="checkbox"/> Agile patency capsule (91299) | <input type="checkbox"/> EGD with Bravo (43239, 91035, 00731) | <input type="checkbox"/> Hepatic Elastography (91200, 0346T, 76705) |
| <input type="checkbox"/> Anal rectal manometry (91122) | <input type="checkbox"/> EGD with capsule (43239, 91110, 00731) | <input type="checkbox"/> Impedance (91010, 91038) |
| <input type="checkbox"/> Capsule endoscopy (91110) | <input type="checkbox"/> EM/24-hr PH (91034)/(91010) | <input type="checkbox"/> Screening, colonoscopy (45378, 00811) |
| <input type="checkbox"/> Colonoscopy with biopsy (45380, 00811) | <input type="checkbox"/> Esophageal manometry (91010) | <input type="checkbox"/> Screening, EGD (43235, 00731) |
| <input type="checkbox"/> EGD with biopsy (43239, 00731) | | |

BREATH TEST

- | | |
|--|---|
| <input type="checkbox"/> SIBO test with Glucose solution (preferred) | <input type="checkbox"/> Lactose intolerance test |
| <input type="checkbox"/> SIBO test with Lactulose solution | <input type="checkbox"/> H pylori test (urea) (83013, 83014, 99211) |

SPECIAL CONCERNS *(if any are checked, please provide UCI Health anesthesia questionnaire)*

- ☐ CHF ☐ Diabetes ☐ Mobility issues ☐ Renal failure ☐ Sleep apnea

UCI Health Chao Family Comprehensive Digestive Disease Center

101 The City Drive South, Building 22
Orange, CA 92868
888-717-4463

UCI Health Digestive Disease Center

Pacific Medical Plaza
1640 Newport Blvd., Suite 350
Costa Mesa, CA 92627
888-717-4463

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