

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.

DIGESTIVE DISEASE SURGEONS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Joseph Carmichael, MD | <input type="checkbox"/> Dorna Jafari, MD | <input type="checkbox"/> Maheswari Senthil, MD | <input type="checkbox"/> First available |
| <input type="checkbox"/> Shaun Daly, MD | <input type="checkbox"/> Zeljka Jutric, MD | <input type="checkbox"/> Brian Smith, MD | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Marcelo Hinojosa, MD | <input type="checkbox"/> Steven Mills, MD | <input type="checkbox"/> Michael Stamos, MD | |
| <input type="checkbox"/> David Imagawa, MD | <input type="checkbox"/> Ninh Nguyen, MD | <input type="checkbox"/> Ronald Wolf, MD | |

Date of referral: _____ Referring physician: _____

Address: _____ Phone: _____ Fax: _____

Referring MD signature: _____ Referral coordinator: _____

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)

Colorectal

- | | |
|---|--|
| <input type="checkbox"/> Anal fissure | <input type="checkbox"/> Crohn's |
| <input type="checkbox"/> Anal fistula/abscess | <input type="checkbox"/> Rectal incontinence |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Rectal cancer |
| <input type="checkbox"/> Colon polyps | <input type="checkbox"/> Rectal prolapse |
| <input type="checkbox"/> Other: _____ | |

Bariatric

- | | |
|---|--|
| <input type="checkbox"/> New bariatric consultation | <input type="checkbox"/> Revisional bariatric consultation |
| <input type="checkbox"/> Other: _____ | |

Gastroesophageal/gastrointestinal

- | | |
|--|--|
| <input type="checkbox"/> Achalasia | <input type="checkbox"/> Dysphagia |
| <input type="checkbox"/> Benign/malignant stomach cancer | <input type="checkbox"/> Esophageal cancer |
| <input type="checkbox"/> Biliary disease | <input type="checkbox"/> GERD |
| <input type="checkbox"/> Revisional bariatric consultation | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Diaphragmatic/hiatal hernia | |
| <input type="checkbox"/> Other: _____ | |

Hernia

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Femoral | <input type="checkbox"/> Umbilical |
| <input type="checkbox"/> Incisional | <input type="checkbox"/> Ventral |
| <input type="checkbox"/> Inguinal | |
| <input type="checkbox"/> Other: _____ | |

Hepatobiliary

- | | |
|--|---|
| <input type="checkbox"/> Benign biliary stricture | <input type="checkbox"/> Hepatocellular carcinoma |
| <input type="checkbox"/> Carcinoid tumor | <input type="checkbox"/> Liver hemangioma |
| <input type="checkbox"/> Cholangiocarcinoma | <input type="checkbox"/> Liver cysts |
| <input type="checkbox"/> Colorectal liver metastases | <input type="checkbox"/> Metastatic liver lesions |
| <input type="checkbox"/> Gallbladder cancer | |
| <input type="checkbox"/> Other: _____ | |

Pancreas

- | | |
|--|---|
| <input type="checkbox"/> Acute pancreatitis | <input type="checkbox"/> Pancreatic cancer |
| <input type="checkbox"/> Chronic pancreatitis | <input type="checkbox"/> Pancreatic cysts |
| <input type="checkbox"/> IPMN | <input type="checkbox"/> Pancreatic divisum |
| <input type="checkbox"/> Neuroendocrine tumors | |
| <input type="checkbox"/> Other: _____ | |

SPECIAL CONCERNS Arrhythmia CHF Diabetes Mobility issues Renal failure Sleep apnea

**UCI HEALTH
H.H. CHAO COMPREHENSIVE
DIGESTIVE DISEASE CENTER**
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**UCI HEALTH DIGESTIVE
DISEASE CENTER – IRVINE**
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COMPREHENSIVE DIGESTIVE
DISEASE CENTER - HIGH DESERT**
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