



DigestiveSpecialists.com

GI Hotline: 937-534-7330

1-Step GI Referral

Fax 937-293-8772

PATIENT DEMOGRAPHICS

Date _____ Patient Name _____ DOB _____ Male/Female/Other _____

Cell Phone _____ Home Phone _____ E-mail _____

Patient Address _____

Referring Doctor _____ Phone _____ Fax _____

Insurance/Group# _____ ID# _____

Providing the home address and/or email will help us reach the patient if unavailable by phone.

PHYSICIAN & LOCATION PREFERENCE

Preferred Physician (select from right)

Urgent

1st Available (choose below)

Any

1st Available Male

1st Available Female

Salma Akram, MD

Malay Dey, MD, PhD

Tristan Handler, MD

Rajkamal Jit, MD

Teressa Patrick, MD

Narayan Peddanna, MD

Kanan Sharma, MD

Urmee Siraj, MD

Cassandra Steinle, DO

Jigna Thakore, MD

Bikram Verma, MD

PHYSICIANS ASSISTANT'S

Emily Ankrom PA-C

Thomas Feeny PA-C

Andrew Petry PA-C

Chiyoko Rando PA-C

Amanda Simpson PA-C

Cassandra Williamson PA-C

Preferred Location

Huber Heights
5697 Shull Rd

Springboro
77 W. Eleanor Rd

Sugarcreek Township (Dayton)
4340 Clyo Rd

APPOINTMENT TYPE

Screening Colonoscopy

Routine, without GI Symptoms

Colonoscopy — with GI symptoms

EGD — with consult without consult

Reason for above: _____

Consultation for Evaluation/Treatment

Reason: _____

EUS — with consult without consult

Esophageal Motility — with consult without consult

Anorectal Motility — with consult without consult

Hemorrhoid Banding

FibroScan — with consult without consult

Reason for above: _____

PLEASE FAX LAST OFFICE VISIT, LABS, RADIOLOGY & OTHER TESTS TO 937-297-2203

FAXED YES NO

Digestive Specialists staff will complete the section below:

Scheduled with _____ Appointment Location _____

Appointment Date _____ Appointment Time _____

Date faxed to referring Dr. _____ Records Received Yes No

Patient # _____ Scheduler _____