Ertan Digestive Disease Center Referral Form

"EPIC referrals are preferred. If unable to use EPIC, this form may be used.

Please fax this form along with patient medical records, including labs, imaging reports, procedure reports and patient demographics. For any questions, please do not hesitate to contact our office at 713.704.3450 or call toll free at 1.800.985.4837.

Reason for Gastroenterology/Hepatology Referral:

☐ Colon Cancer Screening
Fax to: 713.704.5959

☐ Motility
Fax to: 713.704.5940

☐ Advanced Endoscopy
Fax to: 713.704.3353

☐ Hepatology
Fax to: 713.704.3353

☐ General GI *(abdominal pain, diarrhea, constipation, etc.)* • Fax to: 713.704.3353

Date: _____

Referring Physician: _____

Office Address: _____

City: _____ State: _____ ZIP: _____

Office Phone: _____ Office Fax: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Description of Symptoms:

_____

_____

_____

_____

_____

_____

_____

_____

_____

For a specific physician referral, note provider name here: _____

☐ I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

Provider Signature	Print Name	NPI/MHHS ID.	Date	Time ☐ AM ☐ PM	Contact No.

MEMORIAL HERMANN

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