



Referral to GI Excellence, Inc.

PH: (951) 652-2252 | Office Fax: (951) 658-6476 | Office Hours: 9 a.m. to 5 p.m., M - F

Gastroenterology Associates

- Milan S. Chakrabarty, M.D.
General Gastroenterology
- Indraneel Chakrabarty, M.D., M.A.
Advanced & Interventional Gastroenterology

- Sandra Del Valle, PA-C
Gastroenterology Physician Assistant
- Kathleen Linke, PA-C
Gastroenterology Physician Assistant
- First Available

Locations:

- HEMET**
1003 E. Florida Avenue
Suite 101 Hemet, CA 92543
- TEMECULA**
44274 George Cushman Ct,
Temecula, CA 92592 (By appt.)

Referring Physician Information (Please fill out to the best of your ability.)

Referring Physician's Name			Date
Office Address			
City	State	Zip Code	Office Phone
Office Fax	Primary Care Physician		

Patient Information

Patient's Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Address		Phone (Best Contact)	
City	State	Zip Code	

PROCEDURES	INSURANCE
<input type="checkbox"/> Screening Colonoscopy <input type="checkbox"/> Colonoscopy Diagnostic <input type="checkbox"/> EGD <input type="checkbox"/> EUS <input type="checkbox"/> Rectal EUS <input type="checkbox"/> ERCP <input type="checkbox"/> Capsule <input type="checkbox"/> Manometry <input type="checkbox"/> Bravo PH <input type="checkbox"/> Other: _____	<input type="checkbox"/> HCMG <input type="checkbox"/> Prime Care, Hemet <input type="checkbox"/> Prime Care, Temecula <input type="checkbox"/> Graybill Medical Group <input type="checkbox"/> Regal Medical Group <input type="checkbox"/> Tri Valley Medical Group <input type="checkbox"/> IEHP <input type="checkbox"/> Medicare <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> Self Pay <input type="checkbox"/> Other: _____

Reason for Referral / Indications

Reason for referral / procedure / symptoms / diagnosis (please be specific). Submit any pertinent medical records including radiology reports. <ul style="list-style-type: none"> <input type="checkbox"/> Screening Colonoscopy <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dysphagia <input type="checkbox"/> GERD/Heartburn <input type="checkbox"/> Hepatitis/Cirrhosis <input type="checkbox"/> Jaundice <input type="checkbox"/> Melena <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Weight Loss <input type="checkbox"/> Cancer Work Up: <ul style="list-style-type: none"> <input type="checkbox"/> Colon Cancer <input type="checkbox"/> Pancreatic Cancer <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Gastric Cancer <input type="checkbox"/> Gastrointestinal Stromal Tumor (GIST) <input type="checkbox"/> Liver Tumor <input type="checkbox"/> Pancreatic Cysts <input type="checkbox"/> Other: _____ 	Physician Comments: _____ _____ _____ _____ _____
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BRAND VALUES

GI Excellence holds dear the following **core values**:

- We remain dedicated to embracing the highest levels of patient healthcare.
- We transcend boundaries by enlisting advanced technology to enhance patient care.
- We are optimistic, seeing the world for what it is and what it can be.
- We have initiative to effect meaningful change.
- We are courageous, embracing the risk of our ambitions.
- We are visionary, scaling our commitments to a world that needs better gastroenterology care and bold action.

You will receive confirmation once the appointment is scheduled. Thank you for referring your patient to GI Excellence, Inc.

1.25 Million High Definition Pixel Screening Capability | Full Color Scanning Report | Full Electronic Medical Records

FORM GI Excellence Inc Physician Referral 1 26 16