



# Referral for GI Excellence, Inc.

1003 E FLORIDA AVE. SUITE 101  
HEMET, CA 92543  
PH: (951) 652-2252 FAX: (951) 658-6476

MILAN S CHAKRABARTY, M.D.  
SANDRA DEL VALLE, PA-C

TAHIR QASEEM, MD, F.A.C.P., F.A.C.G.  
CHRISTINA BARONOV, NP-C

SHALA BATTLE, NP-C

## 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"/> Capsule	<input type="checkbox"/> HCMG	<input type="checkbox"/> IEHP
<input type="checkbox"/> Colonoscopy Diagnostic	<input type="checkbox"/> Manometry	<input type="checkbox"/> Prime Care, Hemet	<input type="checkbox"/> Medicare
<input type="checkbox"/> EGD	<input type="checkbox"/> Bravo PH	<input type="checkbox"/> Prime Care, Temecula	<input type="checkbox"/> PPO
<input type="checkbox"/> EUS	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Graybill Medical Group	<input type="checkbox"/> HMO
<input type="checkbox"/> Rectal EUS		<input type="checkbox"/> Regal Medical Group	<input type="checkbox"/> Self Pay
<input type="checkbox"/> ERCP		<input type="checkbox"/> Tri Valley Medical Group	<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.	<b>Physician Comments:</b> _____ _____ _____ _____ _____
<input type="checkbox"/> Screening Colonoscopy <input type="checkbox"/> Weight Loss <input type="checkbox"/> Abdominal Pain <b>Cancer Work Up:</b> <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> Colon Cancer <input type="checkbox"/> Constipation <input type="checkbox"/> Pancreatic Cancer <input type="checkbox"/> Diarrhea <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Dysphagia <input type="checkbox"/> Gastric Cancer <input type="checkbox"/> GERD/Heartburn <input type="checkbox"/> Gastrointestinal Stromal Tumor (GIST) <input type="checkbox"/> Hepatitis/Cirrhosis <input type="checkbox"/> Liver Tumor <input type="checkbox"/> Jaundice <input type="checkbox"/> Pancreatic Cysts <input type="checkbox"/> Melena <input type="checkbox"/> Other: _____ <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Rectal Bleeding	

## 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

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