SOUTHEAST TEXAS GASTROENTEROLOGY ASSOCIATES, P.A.
Joseph W. Holland, Jr., M.D.* Daniel P. Stagg, III, M.D.* Keith A. Wied, D.O.*
Andrew H. Barenberg, M.D.* Raja S. Chennupati, M.D.*

PATIENT CONSULTATION REQUEST FORM

Today's Date/ Time: _____
Referring Physician: _____
Referring Physician's Phone: _____ *Fax:* _____
Patient's Name: _____
Pt's DOB: _____ *Male / Female Pt's SS #:* _____
Patient's Address : _____
Patient's Phone: _____ *Cell/Work Phone:* _____
Insured's Name: _____ *Insured SS#:* _____
*Insured's DOB:*_____
Insured's Place of Employment: _____

BEST DAY & TIME TO REACH THE PATIENT:_____

WE REQUEST THAT THE FOLLOWING INFORMATION BE PROVIDED BEFORE THE REQUESTED SERVICE CAN BE SCHEDULED IN ORDER TO MEET THE INSURANCE CONTRACT REQUIREMENTS FOR NETWORK PROVIDERS, FACILITIES, PRECERT, AUTHORIZATION, AND REIMBURSEMENT:

A. *COPY OF INSURANCE CARD WITH COMPLETE BILLING INFORMATION*
B. *INSURED'S EMPLOYER AND DATE OF BIRTH*
C. *ANY LABORATORY, X-RAY, OR OTHER TEST RESULTS SUPPORTING THIS DIAGNOSIS*

DIAGNOSIS(ES)(*Required)*_____

CONSULT & PROCEDURE(S) REQUESTED:_____

TIME FRAME FOR APPOINTMENT:
____ Within 72 hrs ____ Within 2 weeks ____ At Patient's Convenience
____ If Urgent/Emergent, *please fax Request Form & call our office 833-5858* ext 6403.

** **IS PATIENT MEDICALLY CLEARED FOR PROCEDURE?** _____ YES _____NO
** **IS PATIENT ON ANTICOAGULANT / ANTIPLATELET Rx?** _____ YES _____NO
** **IF ON ANTICOAGULANTS / ANTIPLATELET Rx, CAN THEY BE HELD FOR UP TO 5 DAYS PRIOR AND 5 DAYS POST PROCEDURE, IF INDICATED?**
_____ YES _____NO
** **PATIENT HEIGHT _____ PATIENT WEIGHT _____**
** **DOES THE PATIENT HAVE SLEEP APNEA?** _____ YES _____ NO
** **IF YES, IS PATIENT ON A C-PAP?** _____ YES _____ NO

*PLEASE FAX AN **H&P on NEW PATIENTS AND COMPLETED** REQUEST FORM TO SETGA AT (409)833-1155 AND PROVIDE ANY PERTINENT OFFICE NOTE, LABORATORY, X-RAY, OR OTHER TEST RESULTS RELATED TO THE ABOVE DIAGNOSIS (ES). APPOINTMENT CONFIRMATION WILL BE PROVIDED TO YOUR OFFICE BY RETURN FAX.*

THANK YOU!!!

***Board Certified in Gastroenterology by the American Board of Internal Medicine**
950 N. 14th Street, Suite 100, Beaumont, TX 77702 Phone: (409)833-5858 Fax: (409)833-1155