Karen K. Kormis, M.D., FACP
Louis P. Leite, D.O., FACP
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Christopher B. Furlong, M.D.
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Mohan R. Rengen, D.O., M.S.
Purvi Panchal, M.D.
Samantha Fickel, C.R.N.P.

PENNSYLVANIA GASTROENTEROLOGY

www.PAGIconsultants.com

In order to streamline scheduling your patient with our office and to help reduce your phone time with our office we are asking that you take the time to fill out this form and fax it to our office. Once we receive this form we will fax it back to you with the patient's appointment time. We will also send the necessary information to the patient. If you have any questions please call scheduling at 763-0430.

PATIENT INFORMATION:

Name: _____ Male / Female

Address: _____

_____

Home Telephone: _____

Cell or Work Telephone: _____

Social Security Number: _____

Date of Birth: _____

Insurance: _____ **Policy #:** _____

Group #: _____

Subscriber: _____ **if not self DOB**: _____

Physician ordering appointment: _____

Office fax number: _____

Reason for visit or diagnosis: _____

(Please send medication list and any pertinent records)

TYPE OF VISIT REQUESTED:

_____ Consultation _____ EGD _____ Colonoscopy _____Sigmoidoscopy

PLEASE FAX TO: PA GI Attn: Scheduling 717-763-9854

Thank you for your referral. We have scheduled the above patient to be seen in our office as you requested.

Appointment date: _____ Time: _____ Physician: _____