

# Gastroenterology Associates

Of Southeastern Virginia

A Division of Gastrointestinal and Liver Specialists of Tidewater, PLLC

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## Open Access Procedure Request Form Please Fax To: 312-9899 for Chesapeake 627-3709 for Norfolk

DATE: \_\_\_\_\_ REFERRING DR: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Reason For Referral:  Direct Access Colon  Direct Access EGD

Diagnosis: \_\_\_\_\_

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Cell

Insurance Info:

Primary: \_\_\_\_\_ ID# \_\_\_\_\_

Secondary: \_\_\_\_\_ ID# \_\_\_\_\_

**Fax This Form Along With Recent H&P, Last Colonoscopy and/or Endoscopy  
Note (if available) and Medication List**

**IF THIS IS URGENT, PLEASE CALL DIRECT TO MICHELLE BETHEA,  
CHESAPEAKE OFFICE MANAGER, AT 436-3285 OR SUSAN DOVER, PRACTICE  
MANAGER, AT 627-6416**

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