



# Midwest Gastrointestinal Associates PC

(402) 397-7057

**Office Locations:**

8901 Indian Hills Drive, Suite 200, Omaha, NE 68114

17001 Lakeside Hills Plaza, Suite 200, Omaha, NE 68130

808 East Pierce Street, Suite 301, Council Bluffs, IA 51503

**Please fax requests to Scheduling Department:**

**(402) 505-4710**

**Referral Form**

- Tyron A. Alli, MD
- Alexander B. Bernal, MD
- John J. Cannella III, MD
- Jason J. Cisler, MD
- Rebecca A. Ehlers, MD
- Joshua T. Evans Sr., MD
- Helen O. Fasanya-Uptagraft, MD
- Benjamin S. Hall, MD

- Kimberly S. Harmon, MD
- Jordan D. Holmes, MD
- Grant F. Hutchins, MD
- William C. Livingston, DO
- Thomas R. McGinn, MD
- Matthew M. McMahon, MD
- John C. Mitchell II, MD

- Sheeva K. Parbhu, MD
- Trevor J. Pearson, MD
- Kyle D. Rose, DO
- Michael E. Schafer, MD
- Marc A. Scheer, DO
- Bradley J. Schroeder, MD
- Brian W. Ward, MD

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

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

**Phone # (hm):** \_\_\_\_\_ **(wk):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

**SS #:** \_\_\_\_\_ **Sex:** M F **DOB:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**Test Requested:**     GI Consult             Upper Endoscopy             Other: \_\_\_\_\_  
                                   Colonoscopy             Panendoscopy

**\*Diagnosis:** \_\_\_\_\_ **ICD 10 Code:** \_\_\_\_\_

**\*Diagnosis:** \_\_\_\_\_ **ICD 10 Code:** \_\_\_\_\_

If any tests/labs have been done please fax results with this scheduling sheet. Please fax completed form to our fax number listed above and our scheduling team will contact your patient regarding your request.

**\*To bill for a screening colonoscopy the patient must be without gastrointestinal symptoms, 50 years of age or older, have no personal history of gastrointestinal disease, colon polyps and/or colon cancer. In most cases patients are limited to one screening colonoscopy per ten year increment.**

**Patients 18 and younger and 80 and older will be scheduled for an office appointment prior to performing an endoscopic procedure to complete a full pre-endoscopic evaluation to determine the most appropriate plan of care required for their safety and comfort.**

Visit our website at [www.midwestgi.com](http://www.midwestgi.com) for additional information and forms.

<u><b>MGI Use Only</b></u>	
<input type="checkbox"/> Patient Scheduled	
Date:	_____
Location:	_____
Doctor:	_____
<input type="checkbox"/> Patient Not Scheduled	
<input type="checkbox"/> Patient Refused:	_____
<input type="checkbox"/> Attempted to Contact/Schedule:	
x1.	_____
x2.	_____