Digestive Disease Consultants of Orange County

DDCOC

GI REFERRAL REQUEST

PATIENT'S NAME: _____ PATIENT'S DOB: _____

BEST CONTACT NUMBER: _____ EMAIL: _____

REFERRING PROVIDER: _____ REFERRING PROVIDER FAX: _____

Does the patient have a history of: ❒ Stroke. ❒ MI. ❒ Heart Surgery. ❒ Dialysis.
Does the patient take any blood thinners? ❒ Yes. ❒ No.
Type of insurance: ❒ PPO ❒ Medicare ❒ Cash ❒ HMO _____
ID #_____ Authorizaion # (if HMO)_____

REASON FOR REFERRAL:

❒ EGD ❒ Colonoscopy ❒ Hemorrhoids ❒ Dietitian ❒ H pylori breath test

❒ Consultation: _____

DDCOC Irvine
113 Waterworks Way, Ste. 155
Irvine, CA 92618

DDCOC Mission Viejo
25982 Pala, Suite 140,
Mission Viejo, CA 92691

DDCOC Tustin
15000 Kensington Park, Suite
390, Tustin, CA 92782

DDCOC Foothill Ranch
26672 Portola Parkway, Suite
104, Foothill Ranch, CA 92610

DDCOC Huntington Beach
19582 Beach Blvd., Ste. 270
Huntington Beach, CA 92648

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office 949-612-9090
fax 949-612-9091

Please fax or email this form along with patient's demographics and records to:

Digestive Disease Consultants of OC
949-612-9091
contact@ddcoc.com

Thank you for your trust in caring for your patient!