Digestive Disease Consultants of Orange County
DDCOC

GI REFERRAL REQUEST

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

PRIMARY CONTACT NUMBER:_____ EMAIL:_____

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: _____ Authorization #:_____

REASON FOR REFERRAL:

EGD ☐ COLONOSCOPY ☐ HEMORRHOIDS ☐ LIVER SCAN ☐

H PYLORI BREATH TEST ☐

CONSULTATION: _____

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

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

Thank you for your trust in caring for your patient!

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

Tustin Office
15000 Kensignton Park, Ste. 390
Tustin, CA 92782

Mission Viejo Office
25982 Pala St., Ste. 140
Mission Viejo, CA 92691

Huntington Beach Office
19582 Beach Blvd., Ste. 270
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