

**SOUTHEASTERN IN GASTROENTEROLOGY, LLC (SEIG) – Steven Pletcher MD,
Geoffrey Raymer MD, Patrick Barrett, MD, Lora Fathauer DNP, Kinsie Fisher NP**

FAX NUMBERS 812-372-9265 OR 812-373-5497

Provider Requesting Consult _____

Date _____

GI CONSULT FORM

If urgent evaluation is needed, please call our office (812)372-8680 option 1 or dedicated phone line for medical offices (812)373-3307.

Include pertinent lab work, office notes and insurance information. We will contact the patient and schedule an office evaluation based on office notes, labs, tests, etc. sent with consult forms.

PATIENT INFORMATION OR ATTACH DEMOGRAPHICS

Name: _____ DOB: _____ SS# _____

Phone number: _____ (home) _____ (cell)

Address: _____

Insurance Name and policy number: _____

REASON FOR CONSULT

- Colon evaluation exam
- Blood in stool
- Iron Def Anemia
- Hx of colon polyp(s) or CA
- Family hx of colon polyp(s) or CA
- Hepatitis C – please send HCV PCR Quant. and Genotype
- Elevated liver tests/hepatitis
- GERD
- OTHER _____

APPOINTMENT CONFIRMATION (for SEIG use)

Your patient has been contacted and the appointment has been made.

Date of Appointment: _____ Time: _____ Doctor/NP: _____