



WakeMed
Physician Practices

wakemedphysicians.com

GASTROENTEROLOGY

3024 New Bern Avenue
Raleigh, NC 27610
Phone: 919-350-5318
Fax: 919-350-7093

PROVIDERS: (Please check if referring to a specific provider.)

- Adeyemi Lawal, MD
- Riaz Chowdhury, MD, PhD, AGA(F)
- Deepa Reddy, MD
- Next available appointment

REQUEST FOR REFERRAL

Date: _____

Patient Name: First _____ Last _____ MI _____

DOB: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____

Medical Insurance: _____

Referring Physician: _____ Practice Name: _____

Practice Phone: _____ Practice Fax: _____

Reason for Referral: Consultation Screening colonoscopy Other procedure _____

Symptom(s)/Diagnosis: _____

Specific question to be addressed in consultation: _____

Records from referring provider faxed with referral (recent progress notes, medication list, lab results, copy of insurance card, and GI procedure notes)

Patient previously seen in GI practice: Yes No Provider name: _____

Patient is scheduled for clinic appointment/procedure on _____ at _____ with
____ Dr. Adeyemi Lawal ____ Dr. Riaz Chowdhury ____ Dr. Deepa Reddy

Faxed notification of clinic appointment/procedure to referring provider on _____ by _____

Please schedule Clinic Appointment Colonoscopy EGD ERCP Other _____

Special Instructions (holding meds, etc.): _____

Prep: Golytely Movi-prep Other _____

Physician Signature/Date

Using the phone and fax numbers from the top of this form, please call for an appointment or fax this request to our office (along with appropriate records, notes, lab results, insurance info where applicable). Thank you for your referral. To download this form electronically, visit wakemedphysicians.com and click on "Referring Providers."