

Dr. Harold G. Preiksaitis
Spokane Gastroenterology

Fax: 509-456-3557

Phone: 509-456-5433

This form is provided as a courtesy. It is preferred but not required for referrals. Any standard Fax referral that provides equivalent information is acceptable. Please call if you have questions.

Date

Referred By

Fax

Phone

PCP same as
above

Other

Office Contact

Patient Name

DOB

Phone -Home

Work

Mobile

Insurance

Special
Instructions

Requesting

Office Consult

Fast Track Colonoscopy

Routine Urgent

Positive Cologuard

EGD

Positive FIT

Colonoscopy

Positive FOBT

Diagnosis

CRC Screening

GERD

History of Polyps

Barrett's

Rectal Bleeding

Dysphagia

History of Colon CA

Anemia

Other Reason for
Referral

Please attach recent chart notes, relevant lab or radiology reports and patient insurance details. Spokane Gastroenterology will contact patient unless otherwise directed.

Additional Notes:

This fax is intended for the sole use of the designated recipient and contains confidential information. If you receive this in error, do not review, distribute or copy. Please notify the sender immediately. Return any paper copy to the sender by mail or return electronically and destroy any copies.