



**Please fax both sides of  
completed referral**

**Ph: (410) 290-6677**

**F: (410) 290-6676**

### **Gastroenterology Consult Request**

- |   |   |
|---|---|
| <input type="checkbox"/> Rudy Rai, M.D., F.A.C.G. | <input type="checkbox"/> Eduardo Castillo, M.D. |
| <input type="checkbox"/> Pia Prakash, M.D.        | <input type="checkbox"/> Farzin Rashti, M.D.    |
| <input type="checkbox"/> Joshua Rosenbloom, D.O.  | <input type="checkbox"/> Dabo Xu, M.D.          |
|   | <input type="checkbox"/> Dhruv Lowe, M.D.       |

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Contact Phone No:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_

**Reason (s) for Referral:**

- Consultation and Treatment
- EGD
- Colonoscopy
- Liver Biopsy
- ERCP
- Small Bowel Capsule Endoscopy
- OPTIFAST Weight Loss Diet Program
- Hydrogen breath Tests (Lactose/fructose intolerance)
- Helicobacter Pylori Breath testing
- Small Intestinal Bacterial Overgrowth (SIBO) Testing
- Orbera Intra-gastric Weight Loss Balloons

Other: \_\_\_\_\_

\_\_\_\_\_



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**Patient Insurance Information**

Does this patient have United Healthcare? \*\*

Yes  No

**\*\*If patient has United Healthcare (UHC) please fill out referral online  
<https://www.uhcprovider.com/referral> and fax the referral to 410-290-6676\*\***

**Insurance Provider** \_\_\_\_\_

**Policy ID #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Referral/ Authorization information**

Date of Referral: \_\_\_\_\_ Referral is valid until: \_\_\_\_\_

Number of visits authorized: \_\_\_\_\_

Authorization # (If required): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Preferred Location(s):**

**Annapolis**

1419 Forest Dr, Suite 105  
Annapolis, MD 21403

**Columbia**

7120 Minstrel Way, Suite 100  
Columbia, MD 21045

**Riverdale**

6502 Kenilworth Ave, Suite 100  
Riverdale, MD 20737

**Olney**

3405 Olandwood Court, Suite 102  
Olney, MD 20832

**Any / First Available**