



RGA

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OFFICE LOCATIONS

1561 Long Pond Rd., Ste. #308
Rochester, NY 14626
Tel: (585) 227-1080
Fax: (585) 723-7709

10 Hagen Dr., Ste. # 100
Rochester, NY 14625
Tel: (585) 267-4040
Fax: (585) 267-4044

PROCEDURE LOCATIONS

Unity Hospital
1555 Long Pond Rd.
Rochester, NY 14626
Tel: (585) 227-1080
Fax: (585) 723-7709

Lindsay House Surgical Center
10 Hagen Drive
Rochester, NY 14625
Tel: (585) 267-4040
Fax: (585) 267-4044

Wilson Health Center
800 Carter Street
Rochester, NY 14621
Tel: (585) 267-4040
Fax: (585) 267-4044

Rochester General Hospital
1425 Portland Ave
Rochester, NY 14621
Tel: (585) 267-4040
Fax: (585) 267-4044

Rochester Gastroenterology Associates, LLP

www.rochestergastrohealthcare.com

Request for Gastroenterology Services (please complete fully)

Date: _____

Patient Name _____ DOB: _____

Address: _____

Telephone Home _____ Work _____ Cell _____

Insurance _____

Authorization Number: _____ No. of Visits _____

Referring M.D. _____ Copy to _____

1. Type of Service/Procedure:

Procedure only _____ Consultation & Management _____

Elective _____ Semi-urgent _____ Urgent _____

Gastroscopy _____ Colonoscopy(diagnostic) _____

Colonoscopy(screening) _____ ERCP _____ Other _____

Gastroscopy with Esophageal BRAVO pH monitoring _____

Video Capsule Endoscopy _____

EUS(Endoscopic Ultra Sound) _____

2. CLINICAL DATA (Please include reason for visit, x-rays, labs etc;)

3. On Anticoagulation? Yes No

4. Need Antibiotic Prophylaxis? Yes No

Please circle patient's preference for service location in column at left and fax to the appropriate requested location. We will contact the patient and schedule the appointment. Thank you

5. Other notes:

This form can be downloaded at the Rochester Gastroenterology Associates, LLP website under request for services