



**DIGESTIVE
DISEASE
MEDICINE
OF CENTRAL NEW YORK, LLP**

Dear Referring Provider,

We have updated our referring form in order to better serve our Referring Providers and our Patients.

Regular Referral Fax Number:

(315) 624-7092

Regular Referral Phone Number:

(315) 624-7096

If the referral needs to be expedited you need to contact our Scheduling Specialists at (315) 624-7032 and fax the referral ATTN: ALLISON to (315) 624-7092.

If your call goes into voicemail, please leave a message and your call will be returned within 30 minutes.

DIGESTIVE DISEASE MEDICINE

116 Business Park Dr. 1st Floor, Utica, NY 13502

CONSULTATION INFORMATION

If the referral needs to be expedited please fax the referral and contact our Scheduling Specialists at (315) 624-7032. If your call goes into voicemail, please leave a message and your call will be returned within 30 minutes.

Referring Dr.: _____

Referring Dr. Phone: _____ Fax: _____ Contact: _____

Patient's Name: _____ DOB: _____ Male / Female

Address: _____

_____ Phone #: _____

Insurance: _____ Prefix: _____

Is referral required? YES NO

Requesting Specific DDM Physician: _____

Is interpreter needed? Yes No If yes, language: _____

Please fax this sheet back to DDM with patient's notes, labs, test, reports, etc., relating to condition to (315) 624-7092. Once this information is received, we will fax you a notice with the patient's appointment date and time. Please be sure to attach all necessary insurance referrals at this time.

Reason for Referral: _____

- Examples (check one):
- Rectal Bleeding/Change in Bowels
 - Reflux/Dysphagia
 - Abdominal Pain
 - Abnormal Liver Function Tests/Heptatitis