

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

- Adeyemi Lawal, MD
- Riaz Chowdhury, MD, PhD, AGA(F)
- Deepa Reddy, MD
- Ashish Shah, MD
- Viet Nguyen, DO
- Katie Jimison, PA-C
- Next available appointment



3024 New Bern Avenue, Suite 101
 Raleigh, NC 27610
 Phone: 919-350-5318
 Fax: 919-350-7093

10010 Falls of Neuse Road, Suite 203
 Raleigh, NC 27614
 Phone: 919-235-6440
 Fax: 235-6581

REQUEST FOR CONSULTATION

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: Office Consultation/Appointment Screening Colonoscopy
 Other Procedure: _____

Symptom(s)/Diagnosis: _____

Patient previously seen in GI practice? Yes No

If yes, name of provider: _____

Referring Physician Signature: _____ Date: _____

WAKEMED GASTROENTEROLOGY SECTION ONLY

Appointment Date/Time	Name of Provider
Faxed notification of appointment to referring provider on	Completed by

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, recent progress notes, medication list, lab results, copy of insurance info where applicable). Thank you for your referral. To download this form electronically, visit wakemed.org/gastroenterology-physician-practices and click on "Refer to us."

Please include a copy of the patient's insurance card with the referral form.