



Carolina Digestive Diseases & ENDOSCOPY CENTER

www.carolinadigestivediseases.com

Stefan Marcuard, MD

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DIRECT PROCEDURE REFERRAL

Patient's Name _____ Date _____

DOB _____ SS# _____

Address _____

City _____ State _____ ZIP Code _____

Home phone () _____ Work/Cell phone () _____

Primary insurance _____ Subscriber ID # _____

Referred by _____ MD/DO/PA/NP Authorization # _____

Phone () _____ Fax () _____

Service(s) requested (check):
 Colonoscopy Endoscopy
 ERCP EUS Other _____

Indication/Diagnosis(s) _____

Allergies _____

Current medications _____

Significant medical history _____

Circle any medications or conditions that apply:
Coumadin Plavix
Pacemaker/AICD Artificial valves Rheumatic fever Latex allergy Diabetes

To be completed by Carolina Digestive Diseases:
Date of appointment _____ @ _____ Sched. by _____ (LPN/CMA)
Appt/Info/Prep given to patient _____ (LPN/CMA)

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