



**Carolina Digestive Diseases
& ENDOSCOPY CENTER**

www.cddgastro.com

Phone (252) 758-8181 • Fax (252) 758-8182

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)

704 W.H. Smith Blvd., Greenville, NC 27834 Tel: (252) 758-8181