



THE EMORY CLINIC
GASTROENTEROLOGY

P: 404-778-3184 F: 404-778-2578
www.emoryhealthcare.org

Thank you for entrusting Emory Healthcare with your patient. In order to provide the best service for you and your patient, please take a moment to complete the following form.

Date of Request: _____

Please fax request to: 404-778-2578

Visit Type: [] Clinic Visit [] Procedure**

Second Opinion: [] Yes [] No

Location Preference: [] Emory University/Clifton Road [] St. Joseph's/Dunwoody [] John's Creek [] Spivey Station [] Emory Decatur

Provider Preference:

Physician

[] First Available MD

General GI

- [] Jasna Beard, MD
[] Nader Dbouk, MD
[] Elnaz Jafarimehr, MD
[] Francis LeVert, MD
[] Brianna Lewis, MD
[] Julia Massaad, MD
[] Sobia Mujtaba, MD
[] Tom McGahan, MD
[] Joshua Novak, MD
[] Cesar Taborda, MD
[] Shani Woolard, MD
[] Sonali Sakaria, MD

Celiac Disease

- [] Sonali Sakaria, MD
[] Kavya Sebastian, MD

Inflammatory Bowel Disease

- [] Jasna Beard, MD
[] Tanvi Dhere, MD
[] David Eskreis, MD
[] Heba Iskandar, MD
[] Sobia Mujtaba, MD
[] Harini Naidu, MD
[] Mohammed Razvi, MD

Motility

- [] Jennifer Christie, MD
[] Anand Jain, MD
[] Brianna Lewis, MD
[] Nikrad Shahnavaz, MD

Esophageal

- [] Anand Jain, MD

Biliary, Pancreatic Diseases & Advanced Endoscopy

- [] Saurabh Chawla, MD
[] Steven Keilin, MD
[] Vaishali Patel, MD
[] Field Willingham, MD

Clinical Nutrition

- [] Joshua Novak, MD

Advanced Practice Providers

[] First Available (incl. NPs and PAs)

For liver referrals, please call the Emory Transplant Center at 855-366-7989.

Patient Information

First Name: _____
Last Name: _____
Date of Birth: _____
Telephone (Primary): _____
Emory MRN: _____

- [] Please contact patient to schedule appointment
[] This patient will contact your office to schedule
[] Patient has been informed referral is being placed

Referring Provider Information

Referred By: _____
Telephone Number: _____
Pager Number: _____
Email: _____
Preferred Contact Method:

- [] Telephone [] Email

[] Please have the GI provider contact the referring physician prior to the patient's appointment

Reason for Referral (**Note: If procedure please check applicable boxes on following page**):

Without referring reason, your referral will be returned

GI Diagnoses (if applicable):

Records (please include all applicable records when faxing form): [] Medical Records [] Labs [] Imaging

Office Use Only

Date Received: _____ Received By: _____ Resolution Date: _____

Gastroenterology Procedures

Please check all applicable referral procedures for patient

Endoscopic Bariatric Therapy

- Endoscopic Weight Loss Balloon (Orbera and ReShape)
- Endoscopic Sleeve Gastroplasty (ESG)
- Endoscopic Closure of Fistula or Leak
- Endoscopic Dilatation of Surgical Stenosis

General GI

- Breath Test
 - Fructose Intolerance
 - Lactose Intolerance
 - Bacterial Overgrowth
- Colonoscopy
- Esophagoduodenoscopy (EGD)
- Fecal Microbiota Transplant
- Capsule Endoscopy

IBD

- Chromoendoscopy
- Biologic Infusion Therapy
- Capsule Endoscopy

Motility

- 48 Hour Bravo pH Study
- 96 Hour Bravo pH Study
- Anorectal Manometry
- EndoFLIP® Esophageal Function Testing
- High Resolution Esophageal Manometry
- pH Impedance
- Sitz Marker Study

Nutrition

- Percutaneous Endoscopic Gastrostomy
- PEG-J Tube Placement
- Short Bowel Evaluation
- Total Parenteral Nutrition
- Percutaneous Endoscopic Jejunostomy

Advanced/Pancreaticobiliary

- Cystgastrostomy/Endoscopic Necrosectomy
- Dilatation: Esophageal, Gastroduodenal
- Endoscopic Anti-Reflux Therapy (TIF & Stretta)
- Endoscopic Full Thickness Resection (EFTR)
- Submucosal Tunneling Endoscopic Resection (STER)
- Endoscopic Mucosal Resection (EMR)
- Endoscopic Submucosal Dissection (ESD)
- Endoscopic Retrograde Cholangiopancreatography (ERCP)
 - Biliary
 - Cholangioscopy
 - Pancreatic
 - Sphincter of Oddi Manometry
- Endoscopic Zenker's Diverticulotomy
- Single/Double Balloon Enteroscopy
- Enteral Stenting
 - Esophageal
 - Gastroduodenal
 - Colonic
 - EUS
 - Fiducial Marker Placement
- Gastric Per-Oral Endoscopic Myotomy (G-POEM)
- Per-Oral Endoscopic Myotomy (POEM)
- Pneumatic Dilatation
- RFA/Cryotherapy
- RUS