

_____ Stephen Furs, MD	_____ Michael Brody, MD	_____ Jeevan Pai, MD	_____ Juliana Miller, MD
_____ Brian Lappas, MD	_____ Nidhi Malhotra, MD	_____ First Available	
Patient Name _____		DOB _____ / _____ / _____	
Contact Numbers H _____	W _____	Cell _____	
Email Address _____ @ _____		Insurance _____	
Please include copy of Card			
Referring Provider : _____		Contact Person _____	

<u>Colonoscopy</u>	<u>EGD</u>	<u>Consultation</u>
<input type="checkbox"/> Open Access - Screening colonoscopy asymptomatic patients <input type="checkbox"/> Personal History of Polyps/colon cancer <input type="checkbox"/> Family History of Polyps/colon cancer <input type="checkbox"/> Anemia <input type="checkbox"/> Change in bowel habits <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heme positive stool <input type="checkbox"/> Other _____	<input type="checkbox"/> Barrett's Esophagitis <input type="checkbox"/> Chronic Reflux Disease <input type="checkbox"/> Dysphagia <input type="checkbox"/> GI Bleeding <input type="checkbox"/> Heme positive stool <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Other _____	Consult for _____ Medical condition: _____ _____ _____ <u>Other Services</u> <input type="checkbox"/> Anorectal Manometry w/EMG <input type="checkbox"/> Hemorrhoid Banding <input type="checkbox"/> Iron Infusion

Please **Fax** To (919) 233-7685. **Email** via Intelligent Care Coordinator. **Call** us directly at (919) 816-4954.

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