



Phone: 952-368-3800  
Fax: 952-368-3801  
Website: www.bhattigi.com



## Physician Referral Form

Thank you for your referral! We will contact your patient immediately,  
and we promise to take the very best care of them.

We can always get your patients in for screening colonoscopies,  
or any other procedures, within a week!

- Screening Colonoscopy
- IBD/IBS (Diagnosis, Treatment, Procedures)
- Heartburn/Acid Reflux/GERD (Diagnosis, Treatment, Procedures)
- Weight Loss (Orbera Balloon, ESG, Bariatric Revision)
- Other \_\_\_\_\_

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Clinic Contact Name/Phone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Daytime/Cell #: \_\_\_\_\_

\*Please attach any chart notes relevant to this patient's care (including demographics and insurance)\*