WILMINGTON GASTROENTEROLOGY
5115 OLEANDER DRIVE
WILMINGTON, NC 28403

REFERRAL REQUEST

FAX TO: (910) 350.3199
PHONE: (910) 362.1011
*Phone option **4** for referrals & scheduling*

REFERRING PROVIDER INFORMATION:

Provider Name: _____ Practice: _____

Date of Referral: _____ Phone: _____ Fax: _____

Senders Name: _____

Patient PCP: _____ Phone: _____

Screening colonoscopies are covered by all insurance companies for patients 50 years of age & older

PATIENT INFORMATION:

Please send pertinent clinical data, labs, tests, office notes, pathology, medication/allergy lists & copy of insurance card.

Patient Name: _____ DOB: _____

SSN: _____ Gender: ☐Male ☐Female

Home Phone: _____ Cell Phone: _____

Home Address: _____

Primary Language: _____ Interpreter needed? ☐Yes ☐No

Insurance Carrier: _____ ID #: _____ Group #: _____

REFERRAL INFORMATION:

Symptom(s)/Reason(s) for Referral: _____

☐Office Consult ☐Colonoscopy (Screening) ☐Other
☐EUS _____

Check if **URGENT**: ☐ 1st available Provider or Physician Assistant

☐No provider preference
☐Joseph Kittinger III, MD
☐William W. King, MD
☐Robert D.J. Henihan, MD
☐Steven D. Klein, MD
☐D. Spencer Carney, MD
☐Mariam Sauer, MD
☐Kunal S. Dalal, MD

Our practice can also receive your referral requests via secure direct messaging at wilmingtongi@directaddress.net