

Referral for GI work up

Date _____

Referring MD _____

Patient _____

D.O.B. _____

Phone _____

Reason for Referral:

Abdominal pain Rectal bleeding Nausea and vomiting

Guaic positive stool Anemia weight loss

Constipation Abnormal LFTs Other

Abdominal distension

Dr. Alexander's Office

Consultation Requested for:

1215 7th St. S.E.
Suite G200
Decatur, AL 35601

tel (256) 973 - 3225
fax (256) 301 - 3860

Screening Colonoscopy

Diagnostic Colonoscopy

EGD

Evaluation of Liver

Evaluation of Pancreas

---- NOW LOCATED IN PLAZA ONE ----

