



**RGA**

ROCHESTER GASTROENTEROLOGY ASSOCIATES, LLP

[WWW.Rochestergi.com](http://WWW.Rochestergi.com)

Request for Gastroenterology Services (Please complete fully)

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

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

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance: \_\_\_\_\_

Authorization Number: \_\_\_\_\_ No. of Visits: \_\_\_\_\_

Referring M.D.: \_\_\_\_\_ Copy to: \_\_\_\_\_

1. TYPE OF SERVICE/PROCEDURE

Procedure Only: \_\_\_\_\_ Consultation and Management: \_\_\_\_\_

Elective: \_\_\_\_\_ Semi-Urgent: \_\_\_\_\_ Urgent: \_\_\_\_\_

Gastroscopy: \_\_\_\_\_ Colonoscopy: (diagnostic) \_\_\_\_\_

Colonoscopy: (Screening) \_\_\_\_\_ ERCP: \_\_\_\_\_ Other: \_\_\_\_\_

Gastroscopy with Esophageal BRAVO pH monitoring: \_\_\_\_\_

Video Capsule Endoscopy: \_\_\_\_\_

EUS (Endoscopic Ultrasound): \_\_\_\_\_

2. CLINICAL DATA: (Please include reason for visit, x-rays, labs etc.)

3. ON ANTICOAGULATION?                      Yes                      No

4. Need antibiotic prophylaxis?              Yes                      No

Please circle patient's preferences for service location in column at left and fax to the appropriate requested location. We will contact the patient and schedule the appointment. Thank you.

5. Other notes

This form can be downloaded at the Rochester Gastroenterology Associates, LLP web site at [rochestergi.com](http://rochestergi.com).

Prasad Penmetsa, M.D.  
M.R.C.P., F.A.C.P

Surinder Devgun, M.D.

Ari Chodos, M.D.

Amy Hayes, M.S., F.N.P.C.

Sarah Pratt, M.S., F.N.P.C.

Office Locations

1561 Long Pond Road, Suite 308  
Rochester, NY 14626  
Tel: (585) 227-1080  
Fax: (585) 723-7709

20 Hagen Dr., Suite 330  
Rochester, NY 14625  
Tel: (585) 267-4040  
Fax: (585) 267-4044

Procedure Locations

**Unity Hospital**  
1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 227-1080  
Fax: (585) 723-7709

**Rochester Endoscopy Associates**  
20 Hagen Drive, Suite 330  
Rochester, NY 14625  
Tel: (585) 267-4040  
Fax: (585) 267-4044

**Wilson Health Center**  
800 Carter Street  
Rochester, NY 14621  
Tel: (585) 267-4040  
Fax: (585) 267-4044

**Rochester General Hospital**  
1425 Portland Avenue  
Rochester, NY 14621  
Tel: (585) 267-4040  
Fax: (585) 267-4044