



Gastroenterology Group of Rochester, LLP

Appointment Requested with: (please circle provider)

_____	_____	_____
Anil K. Sharma, M.D.	Michael E. Kader, M.D.	KelleyAyn Wallace, PA-C
Bushra G. Fazili, M.D.	Jonathan P. Wilmot, MD	Julie Lawatsch, PA-C
Keely R. Parisian, M.D.	George Y. Kunze, M.D.	Morgan Cook, FNP
Paul S. Dziwis, M.D.	Jonathan I. Goldstein, M.D.	

OR ** soonest available provider**

Patient's Name: _____ DOB: _____
 Address: _____ Daytime Phone: _____

REASON FOR REFERRAL: (circle all that apply)

REFERRED BY: _____

GERD	Screening Colon (50+)	Abnormal LFT's
Dysphagia	H/O Polyps	Abdominal Pain
Dyspepsia	FH of Colon CA	Anemia
Guaiac + Stool	Rectal Bleed	Other:

**Fax this form to our office at 585-271-0375 with pertinent information such as recent office notes, labs, x-rays, etc., and we will contact the patient with an appointment.

OR

**If this visit is simply for a screening exam, please give this form to your patient and have them contact us directly at 585-271-2800, and we will be happy to assist them with their appointment.

Thank you.

(see map of our new location on the reverse side)

Main Office/Endoscopy Center
 2080 Clinton Avenue South
 Rochester, New York 14618

Batavia Office
 229 Summit Street
 Batavia, New York 14020

Canandaigua Office
 23 North Street, Suite 5
 Canandaigua, NY 14424

FF Thompson Office
 3170 West Street, Suite 100
 Canandaigua, NY 14424

All appointments can be made by calling
(585) 271-2800 • fax (585) 271-0375
<http://www.gastrogroupofrochester.com/contact-us>

