



GASTROENTEROLOGY GROUP OF ROCHESTER, LLP

Anil K. Sharma, MD • George Y. Kunze, MD • Bushra G. Fazili, MD • Michael E. Kader, MD • Jonathan I. Goldstein, MD • Keely R. Parisian, MD • Jonathan P. Wilmot, MD
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APPOINTMENT REQUEST FORM (please circle one)

**Anil K. Sharma, MD
Bushra G. Fazili, MD**

**Jonathan P. Wilmot, MD
Michael E. Kader, MD
Keely R. Parisian, MD**

**George Y. Kunze, MD
Jonathan I. Goldstein, MD**

Soonest Available Provider

Patient's Name: _____ DOB: _____

Address: _____ Phone: _____

REASON FOR REFERRAL: (circle all that apply) **REFERRED BY:** _____

- | | | |
|-----------------------|--------------------------------------|----------------------------------|
| GERD | Screening Colon (45+ yrs old) | Abnormal LFT's |
| Dysphagia | H/O Polyps | Abdominal Pain |
| Dyspepsia | FH of Colon CA | Anemia |
| Guaiac + Stool | Rectal Bleed | Crohn's Disease - Colitis |

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 to schedule 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!

Phone: (585) 271-2800

Fax (585) 271-0375

www.gastrogroupofrochester.com

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