



ROCKY MOUNTAIN
GASTROENTEROLOGY

Rocky Mountain Gastroenterology

Patient Scheduling Form

Patient Name _____ DOB _____ M/F

Mailing Address _____

Telephone Home _____ Work _____ Cell _____

Preexisting Conditions _____ On Coumadin, Plavix etc. _____

Insurance _____ Ref Required _____ Auth # _____

ID# _____ Group# _____ SS# _____

Referring Physician _____

Phone Number _____ Fax Number _____

Schedule an Appointment for: Colonoscopy EGD Consultation Other _____

_____ Schedule with any RMG physician or circle the location or physician/P.A. of choice below:

Locations:

1001 Southpark Dr. Littleton

2535 S. Downing St. Denver

10103 S. Ridgeway Pkwy Lone Tree

410 Wilcox St or 1175 Perry St. Castle Rock (MONDAYS)

Bahri Bilir, MD

Luke Evans, MD

Nuray Gun, MD

Wesley Kasen, MD

Hanna Kraus, MD

Steven Lawrence, MD

James Rhee, MD

Erik Springer, MD

Andrzej Triebling, MD

Kelly Bilello, PA-C

Virginia Hinds, PA-C

Guy Kennedy, PA-C

Jennifer Knudson, PA-C

Meghan Nakamura, PA-C

<p style="text-align: center;"><u>Colonoscopy</u></p> <p>Screening _____</p> <p>Hx of Polyps (Adenoma)</p> <p>Family History</p> <p>Change in bowel habits</p> <p>Diarrhea</p> <p>Hematochezia</p> <p>Heme + stools</p> <p>Anemia</p>	<p style="text-align: center;"><u>EGD</u></p> <p>Describe _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><u>Hemorrhoid Banding Treatment</u></p> <p>Notes:</p>	<p style="text-align: center;"><u>Consultation</u></p> <p>Reason for Visit:</p>

Please include all medical records, lab work, x-rays, physician's dictation, insurance information and patient demographics!

_____ Patient is in overall good health

_____ Patient is NOT on Coumadin, Insulin

_____ Patient has NO Pacemaker, Defibrillator, or Artificial Valves

_____ Patient has existing medical conditions that are under control and stable

PLEASE LIST: _____

FAX THIS FORM TO 303-722-2935