Request for Treatment

PLEASE NOTE: If we have not received all records below, we will hold records for 24 hours only.

Records must be sent if you do not have access to Metro Health EPIC.

We do not offer clinics such as, motility, functional bowel, ect., if you wish to refer to a Michigan Medicine specialist go to uofmhealth.org/provider/forms and choose "GI Consult Forms"

General Gastroenterology

(Non Sub-Specialty) First available

Luke DeRoo, DO Armita Ghoddousi, DO Ryan Hamby, DO

Erin Clover, PA-C

Allison Parm, PA-C

Lindsay Ferguson, PA-C

D.O.B	Gender	SS#
Address	City	ZIP
Home phone	Cell phone	
Emergency contact	Emergency co	ontact #
Insurance	Secondary in	surance
Please include copy of both sides of insu	rance card.	
Referring physician	Primary	y Care physician
Phone	Phone	
Fax		
Office contact	Office of	contact
Consultation EGD Flex Sig	🗌 Colonoscopy 🗌 Man	ometry 🗌 Other
*ICD-10 *Dx descr	iption	
		anguage?
Patient weight Patient height	BMI	
Drug allergies		
		which doctor?
*Is this for a 2nd opinion?		
Would you like the patient to see a sub-specia	alty? 🗌 Yes 🗌 No	
 *Medical Records Needed (pertaining to 0 Colonoscopy/EGD/Bravo with pathology Copy of Insurance Card (both sides) Radiology: HIDA Scan, Gastric Emptying Study, US, CT, MR 	 Weight Loss Procedure Last Office Consult Medication List Lab/Pathology 	 e Report Manometry/ERCP IP/OR Procedure(s) ED Discharge Summary IP Discharge Summary

***REQUIRED**

Gastroenterology

2093 Health Drive SW, Suite 302 | Wyoming, MI 49519 p 616.252.5775 | f 616.252.0715 | metrohealth.net

METRO HEALTH UNIVERSITY OF MICHIGAN HEALTH Gastroenterology

10/20

Antonia Henry, MD Henatology Clinic

Colorectal Surgery

нера	atology Clinic
Δ Α	mmar Hassan, MD
P	re/post transplant
Infla	mmatory Bowel Disease Clinic
	lichelle Muza-Moons, MD
Inter	ventional Endoscopy Clinic
	nomas Riley, MD