GASTROENTEROLOGY CLINIC OF SAN ANTONIO, P.A.

Charles W. Randall, M.D.
David L. Stump, M.D.
Jorge Munoz M.D.
V. Franz Zurita, M.D.

Bassem W. Mazloum M.D.
Christopher A. Fincke, M.D.
Gary Gossen M.D.
Russell Dean Havranek, M.D.

To: Gastroenterology Clinic of San Antonio
Phone #: 210-615-8308
Fax #: 210-615-8313
Procedure Schedulers Fax: 210-424-0553

From: _____
Date: _____
Sender's Fax #: _____
Sender's Phone #: _____

The following information will help expedite a new patient referral:

Medical Center- 8550 Datapoint LL100, San Antonio, TX 78229

___First Available
___David L. Stump, MD
___Christopher A. Fincke, MD
___Russell Dean Havranek, MD
___V. Franz Zurita, MD
___Charles W. Randall, MD

Fredericksburg- 1009 S. Milam Ste # 3 Fredericksburg, TX 78624

___Dr. Charles Randall
___Dr. David Stump
___1st Available

5307 Broadway, San Antonio, TX 78209

Office visit/clinic (Thursday afternoon):

___Christopher Fincke, MD

Procedures only:

___Christopher Fincke, MD
___Dr. Russell Havranek
___Charles W. Randall, MD
___David L. Stump, MD
___Dr. V. Franz Zurita, MD
___1st Available

Reason for referral: _____

Referring Physician _____ Contact person _____ Phone # _____

Patient Name _____ Date of Birth _____ SS# _____

Telephone (home) _____ (other) _____ Insurance_____

Exam requested to be performed:

___ Office consult
___ Lactose breath test
___ Fructose breath test
___ H-pylori breath test
___ Bacterial Overgrowth breath test
___ Colonoscopy Screening (Asymptomatic)
___ EGD or Upper Endoscopy
___ ERCP
___ Pill Cam (Small Bowel or ESO)
___ Remicade Treatments
___Colonoscopy Problem
___ EUS
___Esophageal Manometry
___ 24 hour Ph Probe

*****PLEASE NOTE: Treatment will not be scheduled without necessary medical records*****
*****Insurance authorization required if needed for office visit*****

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For office use only:

Thank you for your kind referral, patient is scheduled for: Ofc.visit/Procedure on _____/____/_____ with _____
(date)