

REFERRAL FORMS
DIGESTIVE MEDICAL SERVICES INC
DR. Laurence K. Entsuah, MD

1548 Sheridan Dr Suite 100
Lancaster, Ohio 43130
740-681-9575 Fax 740-681-9747

1418 Brice Rd Suite 201
Reynoldsburg Ohio 43068
614-834-9929 Fax 614-834-4114

477 Cooper Rd Suite 230
Westerville ,Ohio 43081
614-834-9929 Fax 614-834-4114

PATIENT NAME _____ DOB _____

SSN# _____ - _____ - _____

ADDRESS _____

CITY, STATE & ZIP _____

HOME PHONE _____ CELL _____

HEALTH INSURANCE _____

REFERRING PHYSICIAN _____

PHONE _____ FAX _____

DIAGNOSIS _____

REQUESTING SERVICES:
CONSULTATION & TREATMENT/FOLLOW-UP / 2ND OPINION

PROCEDURE:
ENDOSCOPY (EGD) COLONOSCOPY MANOMETRY CAPSULE OR

PILL ENDOSCOPY

HOW SOON: URGENT NORMAL

DATE RECEIVED _____

APPT DATE& TIME _____