



2200 SW 6th Ave. Suite 104 – Topeka, Kansas 66606
Phone # 785.354.8518 Fax # 785.354.1255

Shekhar Challa, MD Balaji Datti, MD

Date: _____ Contact: _____

Referring Physician: _____ Fax: _____

Patient Name: _____ DOB: _____

Address: _____

Main Phone: _____ Alternate Phone: _____

Diagnosis and/or Symptoms: _____

Office Visits: GI Consult Routine _____
Patient contacted within 72 hours.
Consult scheduled within 2 weeks.

GI Consult Urgent _____
Patient contacted within 24 hours.
Consult scheduled within 3 working days.

Endoscopy Procedures: Routine _____
Contacted within 1 week.
Exam within 1 week.

Urgent _____
Patient contacted within 24 hours

Colonoscopy _____ EGD _____ Flex Sig _____ Peg

Placement _____

Other _____

Please fax above information and relevant office notes, x-rays and lab to: 785-354-1255.

FOR KMC OFFICE USE ONLY - Your patient is scheduled on:

Procedure/Consult Date: _____ Procedure/Consult Time: _____

_____ We were unable to contact your patient by phone, please provide address and/or other contact info.

Faxed to Referring Physician: _____ Date: _____