



2200 SW 6th Ave. Suite 104
Topeka, Kansas 66606
Phone # (785) 354.8518
Fax # (785) 354.1255

Date: _____ Contact: _____ Phone # _____

Referring Provider: _____ Fax: _____

Patient Name: _____ DOB: _____

Address: _____

Main Phone: _____

Additional Contact Notes: _____

Diagnosis and/or Symptoms: _____

Included:

Insurance card copy (front and back) Demographic Sheet Medication list

Urgent _____ GI Consult _____

Colonoscopy _____ EGD _____ Flex Sig _____

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

FOR KMC OFFICE USE ONLY – Communication back to referring provider:

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

_____ We were unable to contact your patient by phone, please provide address and/or other contact info or have the patient call KMC GI at (785) 354-8518.

Faxed to Referring Provider: _____ Date: _____