



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

Shekhar Challa, MD Balaji Datti, MD First Available

Date: _____ Contact: _____

Referring Physician: _____ Fax: _____

Patient Name: _____ DOB: _____

Nursing Facility: _____

Address: _____

Main Phone: _____ Fax Phone: _____

Diagnosis and/or Symptoms: _____

Has the patient been seen by our office in the past? Y or N

Has any testing (labs, imaging, etc.) been ordered or completed prior to this appointment? Y or N

Having the following items faxed to us prior to the patient's appointment will assist us with treating your patient in a timely and efficient manner.

- Any appropriate labs obtained in the last three months.
- Any appropriate imaging obtained in the last three months.
- Any procedures in the past, i.e. Colonoscopy, EGD, liver biopsy and any other biopsy results, (if not completed by our office) etc.
- If referring for Hepatitis C, please include patient's hepatitis panel, viral load, genotype and any ultrasounds or CT's (if completed prior to referral).
- Please include the last two most recent office visit notes.
- Please include patient's Medication List, Past Medical History, Surgical History and Family History if available.

Please fax above information and relevant office notes, x-rays and labs 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: _____