



Physicians:
Harold H. Sullivan, MD, MPH

Nurse Practitioners:
Jaime M. Hare, MS, FNP-C
Michelle S. True, MS, FNP-C
Pamela R. Fox, MS, FNP-C

Casco Bay Gastroenterology, LLC
Casco Bay Endoscopy

***** Please fax completed referral to us at (207) 879-0095 *****

Today's Date: Urgent Need (call office) Within 1-2 weeks Next Available Appt

GI Request For:					
<input type="checkbox"/> Consult & Treat	<input type="checkbox"/> Consult Only	<input type="checkbox"/> EGD	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Capsule Endoscopy	<input type="checkbox"/> Motility/PH probe
Indication:					
Comments:					
Referred By:		Phone:	Fax:	NPI:	
PCP:		Phone:	Fax:	NPI:	

Patient Information:			
Patient Name:	DOB:	Sex: M F	
Address:	City/St/Zip:		
Home Phone:	Cell#:	Work#:	SSN#:

Insurance Information:			
Insurance 1:	Policy#:		
Insurance 2:	Policy#:		
Authorization #:	# Visits:	Expiration Date:	

Please check all that apply to your patient:			
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Oxygen Dependent		
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Narcotic Dependent		
<input type="checkbox"/> Kidney/Renal Disease	<input type="checkbox"/> Taking Anticoagulants		

***** Thank you for referring your patient to us! *****

Signature: _____ **Date:** _____

Notice of Confidentiality

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify us immediately by telephone and return the original message to us at the above address via the US Postal Service. Thank you.

