



Rocky Mountain Gastroenterology

Patient Scheduling Form

Patient Name _____ DOB _____ M / F

Mailing Address _____

Telephone Home _____ Work _____ Cell _____

Insurance _____ Ref Required _____ Auth # _____

ID# _____ Group# _____ SS# _____

Referring Physician _____

Phone Number _____ Fax Number _____

Schedule Appointment for: **Colonoscopy** **EGD** **Consultation** **Other:** _____

ARAPAHOE

Bahri Bilir, MD
 Luke Evans, MD
 Steven Lawrence, MD
 Kiley Leroy, DO
 James Rhee, MD
 Erik Springer, MD
 Sumy Anthony, NP
 Ann Fauchaux, PA-C
 Lindsay Fawcett, NP

CENTENNIAL

Jehad Barakat, MD
 Asif Husain, MD
 Anthony Madrid, MD
 Tyler McVay, MD
 Patrice Michaletz-Onody, MD
 Shazia Rafiq, MD
 Katie Chmielewski, NP
 Heidi Crull, NP
 Michael Layfield, PA-C
 Ashley Wong, PA-C

LAKEWOOD

John Goff, MD
 Rajes Jain, MD
 Andrew Korson, MD
 Waymon Lattimore, MD
 Scott Mackenzie, MD
 Michael McCabe, MD
 Kathryn Wisser, DO
 Ashley McKillop, NP
 Lyndsey O'Rourke, PA-C

**THORNTON/
MIDTOWN /**

Paul Deneault, MD
 James Higham-Kessler, MD
 Jennifer Moss, MD
 Shazad Rana, MD
 Eric Sellers, MD
 Bruce Walker, MD
 Gareth Weiner, MD
 Nicole Goitia, NP
 Ashley Hyatt, PA-C
 Teal Mefford, NP
 Brenda Sassen, NP

URGENT? _____

NUTRITION

Kara Siedman, RDN
 Nicole Lindel, RDN
 Gabrielle Vandergriff, RDN

<u>Colonoscopy</u>	<u>EGD</u>
Screening _____ Hx of Polyps (Adenoma) Family History Change in bowel habits Diarrhea Hematochezia Heme + stools Anemia	Dysphagia Persistent Epigastric Pain Barrett's Esophagus Follow-Up GERD Melena Other _____
<u>Hemorrhoid Banding Treatment</u>	<u>Consultation</u>
Notes:	Reason for Visit:

Please include all medical records, lab work, x-rays, physician's dictation, insurance information and patient demographics!

FAX TO: 303.205.1091

**IF YOU HAVE QUESTIONS, PLEASE CALL CENTRAL SCHEDULING AT 303.205.1090
 FOR URGENT PATIENTS CALL OUR DOCTOR'S LINE AT 303.205.1090 option 1**