



APPOINTMENT REQUEST
Central Zone Referral Coordinator: Rebecca Hancock
Fax (980)-263-2437
Phone (704)-372-7974 option#9

North Zone Referral Coordinator: Natasha Sandoval
Fax (980)-263-2436
Phone (704)-799-2750 option#9

South Zone Referral Coordinator: Leann Murray
Fax (980)-263-2438
Phone (704)-291-2488 option#9

First Available Urgent/STAT Translator needed? Language

- Please fax your patient's most recent office notes along with the referral form. This is important for us to provide a collaborative care for each patient served.
Any insurance referrals should state "for consult, evaluation, and treatment". Please be sure to obtain a prior authorization from your insurance company if necessary.

Patient's Full Name, Address, City, State, Home Phone, Work Phone, Date of Birth, SS#, Zip, Cell Phone, Referring Provider, Provider's Phone #, Contact Person, Provider's Fax#

Reason for visit? Select all that apply

- Diarrhea, Constipation, GI Bleed, Anemia, Weight Loss, Colon Cancer Screening, Open Access Screening Colonoscopy, Liver Disease, Abnormal Radiology, GERD/Heartburn, Difficulty Swallowing
Requirements: Age-50-75, BMI less than 45, patient in overall good health

Please select one location/one provider (if preference)

Grid of location and provider options: NORTH ZONE (UNIVERSITY, DAVIDSON, CONCORD), CENTRAL ZONE (BILLINGSLEY, BELMONT, PINEVILLE), SOUTH ZONE (MATTHEWS, MONROE)

Please include a copy of the front and back of insurance card(s)

We will contact the patient to discuss their upcoming appointment

Please fax this form to the appropriate Zone Referral Coordinator (see contact above)