ACADIANA GASTROENTEROLOGY
ASSOCIATES
439 Heymann Blvd., Lafayette, LA 70503
Ph. (337) 269-0963 * Fax (337) 269-0553

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REFERRAL REQUEST FORM

Please Note: The Physicians of AGA, LLC are NOT participating providers of the 'Bayou Health Network'.

Please fax all ***REFERRALS*** for Acadiana Gastroenterology Associates, LLC to: **(337) 269-4662**
Along with this form, please send copies of the following listed below *. Thank you for your referral.

**** Order * Face-sheet * Insurance Card * List of Current Medications.***

Date: _____

Referring To (circle): *Stephen Person, MD* / *J. Patrick Herrington, MD* / *James Bienvenu, MD*
Richard Broussard, MD / *Erick Salvatierra, MD* / *Patrick Laperouse, MD* / *Christopher Herrington, MD*
J. Brent Rhodes, Jr., MD / *Maneesh K. Gupta, MD* / or *First Available*

Patient Name: _____ **D.O.B.**: _____

Patient Phone / Contact Numbers:

Home #: _____ *Work #:* _____
Mobile #: _____ *Other:* _____

Insurance: _____
_____

Referral Type (circle one choice only): OFFICE VISIT or PROCEDURE

Procedure Type (circle): *Colon* *EGD* *ERCP* *Dilatation*
Flexible Sigmoidoscopy *Capsule Endoscopy* *Other:* _____

Reason For Referral / Procedure: _____
_____

Referring Physician: _____

Referring Physician Phone #: _____

Name of Nurse Requesting / Sending Referral: _____

*We must have a listing of **Current Medications** for this patient prior to us scheduling a procedure.*
*Please send any recent **Clinical Notes, Labs or Diagnostic Tests** as it pertains to this referral. Thank you.*