Referral Form
Gastroenterology

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PLEASE FAX REFERRAL FORM, PATIENT DEMOGRAPHICS AND INSURANCE CARD(S) TO 505.727.6944

Patient name: _____ DOB: _____

Home phone: _____ Cell phone: _____

Insurance: _____

Referring provider office name: _____ Referring provider office phone: _____

Primary care provider name (if different than referring): _____ PCP office phone: _____

Reason for referral: _____

_____

Relevant labs and/or radiologic findings: _____

_____

❑ Screening colonoscopy only

We accept most major insurance plans, including Blue Cross and Blue Shield of New Mexico, Aetna Medicare & Commercial, TRICARE, Medicare, all Centennial/Medicaid plans, including Presbyterian Centennial Care, True Health New Mexico, Western Sky Community Care and United Retiree Health Care Authority and many others.

Lovelace
Medical Group

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