



**PENINSULA
GASTROINTESTINAL
SPECIALISTS, INC**

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GI CONSULT REFERRAL FORM

Date: _____ Would you like us to contact the patient? Yes No

Referring Physician/Provider: _____

Practice Contact Phone Number: _____

Patient's Name: _____

Patient's Phone Number: _____

Reason for Consultation: _____

Patient's Insurance Type: HMO PPO POS Medicare

Patient's Insurance Provider: Aetna Blue Cross Blue Shield Cigna Healthnet
 MPMG Hills Physician Other _____

Special Concerns: Pacemaker Defibrillator Valve Replacement CHF
 On Coumadin/Plavix/Xarelto Diabetes Sleep Apnea COPD

Referred to: Edward Onuma, MD, PhD Eugene Lee, MD First Available

Priority: Urgent (<72 hours) Routine (<2 weeks) Other _____

Service Requested: EGD Colonoscopy Other _____

***Please fax request to 650-342-3239.
We will respond to you with confirmation.
If you need immediate assistance, please call us at 650-342-7432.
Thank you.**