

DIGESTIVE HEALTH CLINIC – James Surrell, MD, FACS

Marquette General Hospital
580 W. College Avenue
2nd Floor, Endoscopy Unit
Phone: 225-7430 • Fax: 225-4815

Referral Consultation Form

Date of request: _____

Patient Name: _____

Street Address: _____

City: _____

Home Phone: _____ Work: _____

Social Security #: _____ Date of Birth _____

Insurance: _____ Male/Female _____

Referring Physician: _____

Phone: _____

Reason for referral: _____

Consult: _____

Procedure: _____

Diagnosis Summary: _____

Additional Information: _____

We will contact your patient regarding the schedule for any procedures.

Appointment scheduled: _____

Date: _____ Time: _____

Arrive: _____ Location: _____