



1650 Ramblewood Dr.
East Lansing, MI 48823
Phone: 517-332-1200 | Fax: 517-351-3327

Request For Patient Services

Today's Date: _____ Referring Contact Name: _____

Referring Contact Number: _____

Patient Information (Required)

Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Sex: F M

Telephone Number: _____ Alt Phone: _____

Insurance Provider: _____ Insurance ID #: _____

Referring Provider Information (Required)

Referring Provider Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Patient History Information (Required)

Reason for Referral/Diagnosis: _____

Referral Type:

- Consultation
- Procedure Requested: _____
- Colonoscopy _____
- Upper Endoscopy (EGD) _____
- Liver Imaging: _____
- Other: _____

Appointment Requested:

- Urgent (Within 1-2 weeks)
- Within 3-6 weeks
- Routine (Next Available)