Salina Regional
Gastroenterology
Salina Regional Health Center

520 S. Santa Fe Ave, Suite 240
Salina, Kansas 67401
Phone: 785-452-6440
Fax: 785-452-6441

Request for Consult or Procedure

Today's Date: _____

Referring to (check one):

☐ Dr. Paul Johnson, MD ☐ Dr. Jesica Brown, MD ☐ First Available, No Preference

☐ Dr. Luke E. Johnson, MD ☐ Kaylee Wiens, PA

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Signs/Symptoms/Diagnosis: _____

☐ Office Visit ☐ Procedure _____

Location: ☐ Salina ☐ Rooks County ☐ Ellsworth ☐ Any Location, No Preference

☐ Abilene ☐ Concordia ☐ Lindsborg

Referring Provider: _____

Phone: _____ Fax: _____

DOCUMENTATION NEEDED:

(Lack of records will delay the referral process)

- Demographics Sheet
- Copy of Insurance Card(s)
- Records Related to Referral (Office Notes, Imaging, Lab, Procedures, Etc)

We will call the patient to schedule an appointment and notify you of the date and time via fax.

FOR RECEIVING OFFICE ONLY IN RESPONSE TO REFERRAL REQUEST

Date: _____ Time: _____ Please arrive _____ minutes prior.

Location: _____

Provider: _____

Additional Information: _____

_____