

CONNECTICUT GASTROENTEROLOGY ASSOCIATES, PC.

Gastrointestinal and Liver Diseases

Phone: 860-522-1171 Fax: 860-493-6524

Please circle doctor: Dr. Michael Butensky Dr. Martin Hoffman Dr. Lisa Rossi Dr. Yousaf Shaikh
Dr. Nancy Kang

REFERRALS FOR DIRECT BOOKING FOR SCREENING COLONOSCOPY

FAX ALL INFORMATION TO 860-493-6524

PATIENT NAME: _____

DOB: _____

BEST CONTACT NUMBER: _____

INSURANCE: PLEASE ATTACH COPY OF INSURANCE CARD (FRONT AND BACK)

DIAGNOSIS (PLEASE CIRCLE): INITIAL SCREENING OR HX OF POLYPS

If patient has a negative Cologuard then the patient has used up their screening benefit and cannot have another screening procedure for 3 years with Medicare, other insurance may vary.

IF HISTORY OF POLYPS, ATTACH PRIOR COLONOSCOPY REPORT AND PATHOLOGY IF NOT DONE BY OUR OFFICE AS WELL AS LAST OFFICE NOTES AND LABS.

PMH:

PSURG:

MEDICATIONS:

ALLERGIES:

PLEASE NOTE THESE PROCEDURES WILL BE BOOKED IN WINDSOR UNLESS BMI > 40 OR PATIENT PREFERENCE IS THE HOSPITAL

