

PHYSICIAN REFERRAL FORM

The Biophysiology Center at Shady Grove Adventist Hospital

**To Schedule Testing or
Consultation or for further
Information**

Please call 240-403-0415 and
fax form to 240-403-0417

Patient Name:		Date of Birth:	
Contact Phone Number(s):		Name of Insurance:	
Clinical History or Symptoms:			
Diagnosis and/or ICD-9 Codes: (if available)			

Referring Physician Name:		Physician Signature:	
Address:			
Office Phone:			
Office Fax:			

Services / Tests Requested

- | | |
|---|---|
| <input type="checkbox"/> Office Consultation | <input type="checkbox"/> Defecography |
| <input type="checkbox"/> Review of Medical Records | <input type="checkbox"/> Colonic Transit Study |
| <input type="checkbox"/> Anorectal Physiology Testing | <input type="checkbox"/> Pelvic MRI |
| <input type="checkbox"/> Pelvic Floor Retraining | <input type="checkbox"/> Gastric Emptying Study |

- Physicians may order these tests and receive/review the results themselves or request consultation by Joshua Katz, MD, FACS, FASCRS.
- All Biophysiology Center tests and services can be performed at Shady Grove Adventist Hospital. Patient's whose insurance is not accepted by Shady Grove Adventist Hospital will be referred to another radiology center (i.e. Shady Grove Radiology).
- Colonic Transit Study results must be interpreted by the treating physician. For patients traveling a distance, the series of abdominal films can be scheduled at any outpatient radiology center.