



Scheduling Request and Confirmation
Phone 816-478-4887 Fax 816-478-7222

Check Physician Preference (Doctor w/NPI#):

CIG: 1932189768

Tax ID: 43-1468998 Type I

____ Gregory B. Barber, MD, 1396748315
____ Arthur L. Brock, MD, 1295738219
____ Yan Chen, MD, 1184627101
____ Donald J. Clement, MD, 1336142348
____ Joseph B. Eisenach, MD, 1669475679

____ Jonathan P. Horwitz, DO, 1003895749
____ Chun X. Hsu, MD, 1669597746
____ Thomas F. Jones, MD, 1740283753
____ Steve D. Kaster, MD, 1417950379
____ Syed M. Khalid, MD, 1770586638

____ Burnell Landers, MD, 1497758346
____ Thomas J. Shireman, MD, 1568465417
____ Dale H. Wytock, MD, 1518960467
____ Jeffrey p. Oberdick, NP, 1972522563
____ Tiffany L. Cruse, NP, 1194022525

Social Security Number _____ DOB _____

Patient's Legal name _____

Patient's Home Address _____

What number can we use to reach your patient between the hours of 8 a.m. and 5 p.m. _____

Referring Physician's Full Name _____ Attention _____

Referring Physician's Phone _____ Fax _____

Referring Physician's NPI Number _____

Appointment Type: _____ Office Consult _____ Colonoscopy _____ EGD
_____ Flex Sig _____ Other _____

INDICATIONS/SYMPTOMS _____

The following diagnosis / symptom **MUST HAVE** most recent test results:

- Anemia
- Elevated Liver Function Test
- Abnormal X-rays
- Hepatitis

CHECKLIST FOR THIS APPOINTMENT:

1. PLEASE FAX ANY RECORDS FROM YOUR OFFICE THAT RELATE TO THIS APPOINTMENT. THE RECORDS SHOULD BE FAXED ALONG WITH YOUR FAX REQUEST TO OUR HEALTH INFORMATION DEPARTMENT AT 816-478-7266

2. PLEASE SEND ENLARGED COPY OF INSURANCE CARDS

Insurance Provider _____ Secondary _____

3. Referral Required? Yes _____ No _____

We appreciate the opportunity to assist you in the care of your patients. **THANK YOU!!!**

Appointment Date _____ Appointment Time _____

Location _____ Check-in Time _____

Prep Instructions _____

Doctor _____