BY WOMEN. FOR WOMEN.®

Center for Women's Gastrointestinal Medicine 146 West River Street • Providence, RI 02904 Phone: 401-793-7080 • Fax: 401-793-7988

We have additional offices in Providence and East Providence.

Women's GI Medicine - Referral Form

RE	FERRAL TO:	□ First Available Provi □ Zillα Hussain	der □ Coll ı, MD	een Kelly, MD □ Amanda Pre		Vriston, NP		
PATIENT						DOB	_/	/
ADDRES	s							
PHONE								
May we	leave a messag	e stating the call is from "	Women's Medici	ne Collaborative",	"GI Medicine	" or "Dr's	office"?	□ Yes □ N
PRIMAR	Y INSURANCE .				ID#			
		CE						
REASON	FOR REFERRA	-						
Patient i	s: 🗆 NOI	I-PREGNANT □ P	REGNANT	□ POSTPART	UM			
Translate	or needed?	□ No □ Yes - Lar	nguage Spoken:					
		ny pertinent recor						
		We treat women with co					-	
		gnancy Clinic We treat testinal disorders in pregn		ammatory bowel	disease, hepat	titis,		
□ Нер	atology Clinic	We treat hepatitis B an	d C and other dis	eases affecting the	e liver.			
	-	Program We care for pg and appropriate medical		atitis B and C thro	ugh pregnanc	у		
□ Pelv	ric Floor Disord	ers Program We treat v	vomen with cons	tipation, incontine	ence, and othe	er defecation pro	oblems.	
		rel Disease and Celiac Dise on counseling, behavioral h	-	Ne provide compr d surgical consulta				
We	provide colore	s – Open Access Booking: ctal cancer screening in ou Access Booking Sheet.*						
□ Eva	luation for C. o	liff We offer fecal transpl	antation for recu	rrent C. difficile di	sease.			
□ Bac	terial Overgro	vth Test						
□ Lact	tose Breath Tes	t						