



Colorectal Surgery Referral Form

Gentry Caton, M.D.

1202 Medical Center Dr.

Wilmington, NC 28401-7307

Main Phone: **910-763-6289**

Nurse: **910-772-6278**

Main Fax: **910-254-1073**

Colonoscopy Fax: **910-251-1420**

Thank you for referring your patient to Colorectal Surgery. Please fax all **related medical records and insurance information with demographics** along with this form.

Patient Name: _____ DOB: _____ Sex: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Referring Provider: _____ NPI: _____

Address _____

Phone: _____ Fax: _____

Referring Office Contact Person: _____

Urgency of Request: 1-2 days 1-2 weeks Other (please specify): _____

Colonoscopy: Screening or Diagnostic-(please circle one)

Thank you for allowing us to serve your healthcare needs!