



# Michiana Gastroenterology Inc.

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John G.Mathis, MD  
Oliver D. Gilliam, MD, FACG  
Michael A. Manbeck, MD  
Pankaj A. Patel, MD  
Thomas R. VanderHeyden, DO  
Seth F. Tatel, MD  
Ravi J. Patel, MD  
Desiree Williams, MSN, FNP-BC  
Mary Jo Morey, FNP-BC

## REQUESTING PHYSICIAN ORDER FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Precertification phone # \_\_\_\_\_

Customer Service phone # \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Employer's Name \_\_\_\_\_

Insured's Name (if different): \_\_\_\_\_ DOB: \_\_\_\_\_

Requesting Doctor: \_\_\_\_\_ Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Service Requested

- |  |  |
|--|--|
| <input type="checkbox"/> Colonoscopy           | <input type="checkbox"/> Lower Endoscopic Ultrasound (EUS) |
| <input type="checkbox"/> Upper Endoscopy (EGD) | <input type="checkbox"/> Upper Endoscopic Ultrasound (EUS) |
| <input type="checkbox"/> ERCP                  | <input type="checkbox"/> Consultation                      |
| <input type="checkbox"/> Office Appointment    | <input type="checkbox"/> Other: _____                      |

### Requested Doctor

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Dr. J. Mathis  | <input type="checkbox"/> Dr. T. VanderHeyden | <input type="checkbox"/> D. Williams, FNP |
| <input type="checkbox"/> Dr. O. Gilliam | <input type="checkbox"/> Dr. S. Tatel        | <input type="checkbox"/> M. Morey, FNP    |
| <input type="checkbox"/> Dr. M. Manbeck | <input type="checkbox"/> Dr. R. Patel        | <input type="checkbox"/> First Available  |
| <input type="checkbox"/> Dr. P. Patel   |  |   |

**\*Please fax this form and the items listed below to (574)251-2861\***

**Insurance card**

**Pertinent Office Notes**

**Pertinent Lab Results**