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GASTROENTEROLOGY AND HEPATOLOGY
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Phone (619) 585-8883 = 3 - For Direction / 2 - Para Espanol / 0 - For Appointments / 7 - For Procedures

Fax (619) 585-0166

Date _____ Routine _____ URGENT _____ (Please notify office)

Patient's Name _____		Date of Birth _____		Social Security # _____	
Home Phone _____	Work Phone _____	Insurance Company _____	PPO _____	EPO _____	OTHER _____
Reason for Consult/Procedure Requested: _____					
_____ ERCP (Endoscopic Retrograde Cholangiopancreatography)			_____ Endoscopic Ultrasound		
_____ New Patient Consultation (attach latest notes)			_____ Follow Up		
_____ Established Patient			_____ ABN LABS (attach copies)		
_____ Screening Colonoscopy			_____ Imaging (report needed)		

Records Faxed _____ or given to patient _____

PATIENT:

DATE/TIME OF APPT _____ AT _____

-Please arrive 15 minutes prior to appointment with your copies from doctor and your insurance card, list of medications, co-pay, and one family member to help if needed. (Since the office is small no children please if possible).
 -Por favor llegar 15 minutos antes de la cita con sus copias del medico primario, carta de aseguranza, la lista de medicamentos, co-pay. Traiga solo un familiar para que le ayude, si lo necesita. (Nuestra oficina es chica por favor no ninos si es posible).

 MD Signature/Name

