



PREMIER
GASTROENTEROLOGY of TEXAS, P.A.

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GI REFERRAL

Date: _____

Referring Physician: _____ Fax: _____

Contact Person: _____

Patient Name/DOB: _____

Patient Phone: _____ ****Is this a stat request?** _____

Reason for Referral:

_____ Consult
_____ Colonoscopy
_____ Endoscopy
_____ ERCP
_____ EUS
_____ DBE (Double Balloon Enteroscopy)
_____ Capsule Endoscopy
_____ Other

Diagnosis: _____

Please fax (fax: 972-566-5245) documents below if applicable

- Demographics
- Office Notes/Lab Reports/Surgery and Post-Surgery Notes/Radiology Reports

Facilities that Dr. Mallat utilizes:

• Medical City Dallas • Las Colinas Surgery Center • Plaza Medical Center Ft. Worth • • Pine Creek Medical Center • Park Central Surgical Center • Waxahachie Surgical Pavillion • Dallas Medical Center

Thank you for your referral. Our office will follow-up via fax within 1-3 days with a scheduled appointment for your patient.