# Marietta Memorial Hospital

## Heartburn Center

*Emmanuel Agaba MD, Warner Wang MD, Juan Tejada MD, Richard Gunovich DO*

400 Matthew Street | Marietta, OH 45750 | (740) 373-GERD| fax (740) 568-5618 | www.mhsystem.org

Referring Physician: ____________ Phone: ____________

Contact Person: ____________ Fax: ____________

Reason for Referral & Symptoms: ____________

***PLEASE ATTACH ANY TESTING/OFFICE NOTES PERTINENT TO THIS REFERRAL (IF NOT IN MT)

What tests have been done? ____________

PATIENT INFORMATION:

Patient Name: ____________ SS#: ____________

Address: ____________ DOB: ____________

Primary Contact#: ____________ Secondary Contact#: ____________

Insurance Information: (Please attach copy of card(s)

Insurance Name: ____________

---

OFFICE USE ONLY

PATIENT REFERRED TO: ____________________________DATE:________________BY:________________

PROVIDER ASSIGNED: ______________________________________________________________

APPT DATE: ___________________TIME:________________OFFICE NOTIFIED: ______________________

PATIENT NOTIFIED:___________________________NEW PATIENT INFO SENT:_______________________

ATTEMPTS TO CONTACT PATIENT: 1. _________________ 2. _________________ 3. _________________

NOTIFIED REFERRING PROVIDER OF UNSUCCESSFUL REFERRAL: _________________________________