Piedmont HealthCare
Gastroenterology & Hepatology

Referral/Consult Request

www.phcgi.com phone: 704.978.1144 fax: 704.978.1148

Refer to: ☐ Robert Reindollar MD *(NPI 1851382287)*
Direct messaging ID: *robertreindollar@phc.allscriptsdirect.net*

☐ Vivek Trivedi MD *(NPI 1124339890)*
vivektrivedi@phc.allscriptsdirect.net

☐ Tanya Williams PA-C *(NPI 1811013741)*
Direct messaging ID: *tanyawilliams@phc.allscriptsdirect.net*

☐ Tiedre Palmer FNP-C *(NPI 1144679051)*
tiedrepalmer@phc.allscriptsdirect.net

Requesting provider: _____

Phone: _____ Fax: _____

PATIENT: _____DOB:_____ Appointment date & time: _____

Address: _____

Home ph.: _____ Cell ph.: _____

☐ Referral ☐ Consult and Treat as Needed

Reason for request: _____

Medical Records:

☐ Notes faxed ☐ Notes mailed (please include applicable labs/pathology and radiology reports)

☐ Records sent electronically (direct messaging)

Please include a demographic sheet for the patient along with a copy of their insurance card

Insurance Information

Primary: _____

Secondary: _____