

# Dr. Yamini Maddala



*Digestive Health Associates  
of Texas, P.A.*

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## Referral for Direct Schedule Screening Colonoscopy with Dr. Yamini Maddala

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  Male  
Patient Email Address: \_\_\_\_\_  Female

Email the following information to [Screening@YaminiMaddalaMD.com](mailto:Screening@YaminiMaddalaMD.com)  
Or Fax to (469) 697-5105

If you have questions about uploading into the Leading Reach/ FibroBlast Referral platform  
Please call our office at (469) 697-5100.

**\*\*In order to facilitate your patient in a timely manner please email or  
fax the following information:**

1. This Direct Schedule Screening Colonoscopy Form
2. Current medical records along with recent labs
3. Patient demographic/Insurance info/Referral Sheet

*Thank you for entrusting Dr Maddala with your patient's health care needs and supporting  
us in the prevention of colorectal cancer!!*

Leaders in Digestive Health

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