

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

|                                   |  |
|-----------------------------------|--|
| <b>Patient Name:</b> _____        | <b>Date:</b> _____   |
| <b>Phone Number (Cell :</b> _____ | <b>DOB:</b> _____  |
| <b>Email Address:</b> _____       | <b>Sex:</b> <input type="checkbox"/> <b>Male</b><br><input type="checkbox"/> <b>Female</b> |

**Email the following information to [screening@yaminimaddalaMD.com](mailto:screening@yaminimaddalaMD.com) Or fax to (972) 408-4422.**

**If you have questions about uploading into the Leading Reach Referral platform, please call our office at (972) 408-4400.**

**\*\*\* 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

For more information regarding the procedure for any questions, please visit my website at [www.yaminimaddalamd.com](http://www.yaminimaddalamd.com).

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