DHPT Digestive Health PARTNERS OF TEXAS

Yamini Maddala, M.D.
Board Certified Gastroenterologist

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Referral for Direct Schedule Screening Colonoscopy with Dr. Yamini Maddala

Patient Name: _____ **Date:** _____

Phone Number (Cell : _____ **DOB:** _____

Email Address: _____ **Sex:** ☐ **Male** ☐ **Female**

Email the following information to 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.

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