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GI Referral Request

Reason for Referral:

- EGD
- Colonoscopy
- Hemorrhoids Treatment
- Weight Loss Management
- H. Pylori Breath Test
- Other (please specify):

Type of Insurance:

- PPO
- Medicare
- Cash

Referral to:

- Dr. Shahrooz Bermanian
- Dr. Paul Lee
- Dr. Victor Yu
- Michelle Bush (Registered Dietitian)
- First Available Physician

Is an office consultation requested?

- Yes
- No
- Based on Patient Preference

Patient's Name: _____

Date of Birth: _____

Best Contact Number: _____

Cell Home Business (Circle one)

Email: _____

Referring Provider: _____

Does your patient have history of: stroke MI Heart Surgery DM

Does your patient take any aspirin-containing products, blood thinners NSAIDs or anti-platelets? Yes No

Please fax or email this form to:

Digestive Disease Consultants of Orange County

(Fax): 949-612-9091 Email: contact@ddcoc.com