

Ochsner Health System Department of Gastroenterology  
Jefferson Highway Campus/Kenner Campus  
Advanced Endoscopy

Dr. Janak Shah

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Referring Physician Information

Name: \_\_\_\_\_ Office Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_  
Office Contact: \_\_\_\_\_ Preferred Communication method (*circle one*): Phone Fax Email Mail  
Best contact number: \_\_\_\_\_

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Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/other: \_\_\_\_\_  
SSN# (optional): \_\_\_\_\_ Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Please send copy of insurance card

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Reason for Referral:

ERCP

Endoscopic Resection (EMR/ESD)

ERCP with Cholangiography

Barrett's Evaluation & Treatment (Chromoendoscopy.

EUS/ERCP

Endomicroscopy, EMR, Ablation)

EUS –diagnostic and interventional

Endoscopic Treatment of luminal strictures, leaks, fistulas

Device Assisted Enteroscopy

Clinic

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Please fax the records: 504-842-0409

Note: If referring for an Device Assisted Endoscopy procedure, please mail CD or color pictures from Video Capsule Study to

Ochsner Clinic

Department of Gastroenterology

1514 Jefferson Highway

New Orleans, LA 70121

Attn: Rae

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