



**Overlake Internal Medicine Associates  
Gastroenterology Referral**

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425-467-0150

**Patient Name :** \_\_\_\_\_ **DOB :** \_\_\_\_\_

**Daytime Contact Number:** \_\_\_\_\_ (can not have call blocking)

*Fax this form and the following information to Overlake Internal Medicine Associates - GI: 425-467-0599*

1. A **demographic sheet** and
2. A copy of the front and back of the **insurance card** and
3. An **H & P within the last 12 months or relevant chart note and labs**

(PLEASE INITIATE INSURANCE REFERRAL IF NEEDED.)

Type of visit requested:

- \_\_\_ **Consultation** – Any gastrointestinal issue
- \_\_\_ Colonoscopy with Pre-procedure visit
- \_\_\_ Colonoscopy without Pre-procedure visit (Direct Screening Colonoscopy)

**We offer Direct Screening Colonoscopy without a pre-procedure visit for patients who:**

- **Are under age 70 and**
- **Have had a physical exam within the past 12 months and**
- **Have no signs of significant anemia or other serious chronic health problems**  
(All other patients should schedule a Colonoscopy with a pre-procedure visit.)

For Direct Screening Colonoscopy:

Creatinine level \_\_\_\_\_ Date drawn \_\_\_\_\_ (Determines the prep used)

*\*\*\*\*Please note: Not all insurance plans cover "Screening" Colonoscopy. Medicare screening colonoscopy must be 48 months from the last flexible sigmoidoscopy or 10 years from the last colonoscopy. This does not apply to patients with symptoms.*

**Reason for Exam/Consult:** \_\_\_\_\_

\_\_\_\_\_  
**Ordering Physician**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Date**

For OIMA/EEC use only

The above patient has been scheduled for a \_\_\_\_\_ with Dr. \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_ AM/PM. Questions? Please call (425) 467-0150.

Attempted Dates:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Dates returned to OIMA \_\_\_\_\_, PCP \_\_\_\_\_

Reason for return: \_\_\_\_\_ Fax back - Attn: Vince @ 425-453-2680