

KASSAMO DAYEMO, M.D.

*Gastroenterology Board Certified*

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Digestive and Liver Disease Care

1606 Ashley River Road ▪ Charleston, SC 29414

(843) 763-0503 ▪ (843) 763-0514 FAX

## Appointment Form

Referring Physician information \_\_\_\_\_

Referred by: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Reason for Referral

Abdominal pain       Rectal Bleeding       Abnormal liver function test       Constipation

Hepatitis C       Diarrhea       Heme positive stool       Weight Loss

Pancreatitis       Swallowing disorders       Evaluation of Anemia       PUD

Nausea/Vomiting       Abnormal GI Imaging       GERD       Colitis

Gallbladder disorder       Screening Colonoscopy

Others: \_\_\_\_\_

Please provide us all pertinent information including office notes, labs, Imaging, Insurances card and Prior authorization if required.

### Office use only:

Appointment Date and Time: \_\_\_\_\_

Left message for Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_

Patient contacted and aware of appointment: Date: \_\_\_\_\_ Initials: \_\_\_\_\_