

GREGORY WIENER, MD
GASTROENTEROLOGY

353 A Church Ave.

Chula Vista, CA 91910

Phone (619) 585-8883 = 3 - For Direction / 2 - Para Espanol / 0 - For Appointments / 7 - For Procedures

Fax (619) 585-0166

Date _____ Routine _____ URGENT _____

Patient's Name _____			Date of Birth _____			Social Security # _____		
Home Phone _____		Work Phone _____		Insurance Company _____		PPO _____ EPO _____		POS _____ OTHER _____
Reason for Consult/Procedure Requested: _____								
<input type="checkbox"/> New Patient Consultation (attach latest notes) <input type="checkbox"/> Follow Up <input type="checkbox"/> Established Patient <input type="checkbox"/> ABN LABS (attach copies) <input type="checkbox"/> Screening Colonoscopy <input type="checkbox"/> Imaging (report needed)								

Records Faxed _____ or given to patient _____

PATIENT:

DATE/TIME OF APPT _____ AT _____

-Please arrive 15 minutes prior to appointment with your copies from doctor and your insurance card, list of medications, co-pay, and one family member to help if needed. (Since the office is small no children please if possible).

-Por favor llegar 15 minutos antes de la cita con sus copias del medico primario, carta de aseguranza, la lista de medicamentos, co-pay. Traiga solo un familiar para que le ayude, si lo necesita. (Nuestra oficina es chica por favor no ninos si es posible).

 MD Signature/Name

