Center for Women's Gastrointestinal Medicine 146 West River Street • Providence, RI 02904

Phone: 401-793-7080 • Fax: 401-793-7988

We have additional offices in Providence and East Providence.

Women's GI Medicine - Referral Form

REFERRAL TO: ☐ First Available ☐ Silvia De	•		iston, NP □ Maria Andreea Catana, MD
PATIENT			·
ADDRESS			
PHONE Home	Cell	Work	
May we leave a message stating the call is t	from "Women's Medicine Collabo	rative", "Gl Medicine" c	or "Dr's office"? \square Yes \square N
PRIMARY INSURANCE		ID#	
SECONDARY INSURANCE			
REFERRING PROVIDER	PHONE		FAX
REASON FOR REFERRAL			
Patient is: NON-PREGNANT	☐ PREGNANT ☐ PC	STPARTUM	
Translator needed? \Box No \Box Yes			
Fax with any pertinent r			
rax with any pertinent	ecords and lab/test res	ourts to. 401-795-	7900 ~ Illalik you.
☐ GI Consultation We treat women w	rith conditions affecting the GI tra	act and the liver.	
☐ GI Disorders in Pregnancy Clinic We and other gastrointestinal disorders in	* *	bowel disease, hepatiti	S,
☐ Hepatology Clinic We treat hepatiti	is B and C and other diseases affe	cting the liver.	
☐ Perinatal Hepatitis Program We care offering counseling and appropriate m		d C through pregnancy	
☐ Pelvic Floor Disorders Program We	treat women with constipation, i	ncontinence, and other o	defecation problems.
☐ Inflammatory Bowel Disease and Celia treatment, nutrition counseling, behave	· ·	·	r women including diagnosis and all surgeons specialized in IBD.
☐ Endoscopy Services – Open Access Boo We provide colorectal cancer screening *Please FAX Open Access Booking She	g in our private, all-female endosc		
☐ Evaluation for C. diff We offer fecal t	ransplantation for recurrent <i>C. di</i>	fficile disease.	
☐ Bacterial Overgrowth Test			
☐ Lactose Breath Test			