



**PREMIER**  
GASTROENTEROLOGY of TEXAS, P.A.

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### GI REFERRAL

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Patient Name/DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ **\*\*Is this a stat request?** \_\_\_\_\_

**Reason for Referral:**

- \_\_\_\_\_ Consult
- \_\_\_\_\_ Colonoscopy
- \_\_\_\_\_ Endoscopy
- \_\_\_\_\_ ERCP
- \_\_\_\_\_ EUS
- \_\_\_\_\_ DBE (Double Balloon Enteroscopy)
- \_\_\_\_\_ Capsule Endoscopy
- \_\_\_\_\_ Other

Diagnosis: \_\_\_\_\_

Please fax (fax: 972-404-4709) documents below if applicable

- Demographics
- Office Notes/Lab Reports/Surgery and Post-Surgery Notes/Radiology Reports

**Facilities that Dr. Mallat utilizes:**

Las Colinas Surgery Center • Plaza Medical Center Ft. Worth • Pine Creek Medical Center •  
Park Central Surgical Center • Waxahachie Surgical Pavillion • Dallas Medical Center

**Thank you for your referral. Our office will follow-up via fax within 1-3 days with a scheduled appointment for your patient.**