



Miss-Lou GI  
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**Physician Referral - GASTROENTEROLOGY**

Date.....

I am referring.....

Address.....

City..... State..... Zip.....

Phone #.....

DOB..... SS #.....

Insurance Name & ID #.....

**For the following:**

- Altered Bowel Habits     Family Hx Colon Cancer / Polyps
- Abdominal Pain     Anemia
- Abnormal Liver Enzymes     Hemoccult Stool
- Liver Disease     Melena
- Constipation     Rectal Bleeding
- Epigastric Pain     Personal Hx of Cancer / Polyps
- Diarrhea     Nausea / Vomiting
- Diverticulosis/Diverticulitis     GERD/Acid Reflux
- Dyspepsia     Weight Loss
- Dysphagia     Other.....

**Colonoscopy:**

- Screening - Healthy screening (asymptomatic), age <75, not on blood thinners
- Screening - Patient has no symptoms, but has heart/lung disease or is on blood thinners

**\*IMPORTANT\***

**Please fax any recent imaging, lab-work, and office notes with ALL referrals including healthy screenings.**

Referring Provider:.....

Contact Person..... Phone #.....

[www.MissLouGI.com](http://www.MissLouGI.com)