



**Georgia Colon & Rectal Surgical Associates, P.C.**

**NEW PATIENT REFERRAL**

Please call 770-277-4277 to schedule an appointment

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

**Our Physicians**

**Guy R. Orangio, M.D.,**  
F.A.C.S., F.A.S.C.R.S.

**Wayne L. Ambroze, Jr., M.D.,**  
F.A.C.S., F.A.S.C.R.S.

**David N. Armstrong, M.D.,**  
F.R.C.S., F.A.C.S., F.A.S.C.R.S.

**Marion E. Schertzer, M.D.,**  
F.A.C.S., F.A.S.C.R.S.

**Dennis E. Choat, M.D.,**  
F.A.C.S., F.A.S.C.R.S.

**Timothy Simon, M.D.,**  
F.A.C.S., F.A.S.C.R.S.

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

Patient's Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Email: \_\_\_\_\_

**Reason for Referral**

Advanced Laparoscopic Surgery

Anal Fistula (muscle sparing procedure)

Anal Cancer

Anal Fissure (sphincter saving procedure)

Anal Warts

Bowel Incontinence

Colonoscopy

Colon & Rectal Cancer

Constipation

Crohn's Disease

Diverticular Disease

Hemorrhoids

Pruritis Ani

Rectal Prolapse

Screening and Surveillance for Cancers of Colon/Rectum/Anus

Screening Colonoscopy

Other \_\_\_\_\_

Ulcerative Colitis

Referring Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note to Referring Doctor:** Please fax any required referral, as well as any pertinent diagnostic studies and office notes along with this form to the office where the patient will be seen. Our locations are on the reverse of this form.