



CAPITAL CITY
GASTROENTEROLOGY PC

REFERRAL FORM

Fax completed form to (334) 495-2004

Referring Physician: (Carol Stewart, CRNP) (Dr Pamela Tuck) 244-3281 244-3396
Name Office Phone Office Fax

Form Completed by: Carol Stewart 244-3281 7-2-19
Name Phone Date

PLEASE VERIFY THAT ALL INFORMATION IS CURRENT.

*****Please include patients Email address*****

Patient Name: Thornton Louis Jr.
Last First Middle Initial

Address: 3117 Sutton Dr. Montgomery, AL 36111
Street City State Zip + 4

Phone: 281-0893 244-3546 399-8445
Home Phone Work Phone Cell Phone

DOB: 4-26-63 Social Security #: 421-06-1885 Email: Lthornt1@cum.edu
Please Include Patient email address

Special Needs (hearing impaired, blind, etc): _____

*** PLEASE SEND A COPY OF PATIENT'S CURRENT INSURANCE CARDS. ***

Insurance Company: BCBS Contract Number: QAY860228410

Group Number: 37655 Insured: Patient Insured DOB: 4-26-63

Pharmacy: Walgreen's Phone: 334-409-0611

Please Circle: ANDERSON WHITE GARRETT ECHOLS FIRST AVAILABLE

Procedure Requested: Consult EGD Colonoscopy PillCam Bravo Motility Study

Diagnosis/ICD10: K92.1 K57.90 K62.1

Pertinent Patient Information (diabetic, pacemaker, antibiotics, etc): _____

TO BE COMPLETED BY CCG STAFF:

APPOINTMENT: DATE _____ TIME _____ LOCATION _____



AUBURN
MONTGOMERY®

REFERRAL

DATE: July 2, 2019

REFERRING

PROVIDER: Carol Stewart, CRNP

REFERRAL TO: Penn White, MD

FOR PATIENT: Louis Thornton (DOB 4/26/63)

Description of Problem:

Louis is a 56 year old employee at AUM. He presented to our clinic on 7/1/19 complaining of black tarry stools for more than a week. He states he had a colonoscopy done by you in 2013 with the findings of diverticulosis and a single polyp that was removed. He states he was instructed at that time to return for a repeat colonoscopy in 5 years. Therefore, I am requesting an EGD and a colonoscopy be done for continued evaluation. I have attached the CBC .

Thank you so much for your help.

AUBURN UNIVERSITY AT MONTGOMERY

Student Health Services

P.O. Box 244023, Montgomery, AL 36124-4023; 334-244-3281; 334-244-3396

www.aum.edu

Patient Information	Specimen Information	Client Information
THORNTON, LOUIS DOB: 04/26/1963 AGE: 56 Gender: M Fasting: U Phone: NG Patient ID: NG	Specimen: AL396823F Requisition: 2048387 Collected: 07/01/2019 / 10:45 CDT Received: 07/02/2019 / 01:35 CDT Reported: 07/02/2019 / 03:21 CDT	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	5.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.15		4.20-5.80 Million/uL	
HEMOGLOBIN	14.8		13.2-17.1 g/dL	
HEMATOCRIT	43.6		38.5-50.0 %	
MCV	84.7		80.0-100.0 fL	
MCH	28.7		27.0-33.0 pg	
MCHC	33.9		32.0-36.0 g/dL	
RDW	14.3		11.0-15.0 %	
PLATELET COUNT	173		140-400 Thousand/uL	
MPV		12.9 H	7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	2652		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1831		850-3900 cells/uL	
ABSOLUTE MONOCYTES	536		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	61		15-500 cells/uL	
ABSOLUTE BASOPHILS	20		0-200 cells/uL	
NEUTROPHILS	52		%	
LYMPHOCYTES	35.9		%	
MONOCYTES	10.5		%	
EOSINOPHILS	1.2		%	
BASOPHILS	0.4		%	

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-5800 Laboratory Director: ANDREW N YOUNG, MD, PhD, CLIA # 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

MPV	12.9 H	7.5-12.5 fL	AT
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Subscriber Name

LOUIS THORNTON JR

Contract Number

GAU680228410

Group Number

37698

Effective Date

01-01-2018

Rx BIN Number

004818

HEALTH

PAC

AUBURN UNIVERSITY



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Auburn University Student Health Services

TO: Dr. Penn White FROM: Loral Stewart, CRNA
COMPANY: Capital City Gastro DATE: 7-5-19
FAX NUMBER: 334-495-2604 TOTAL PAGES, INCLUDING COVER 5
PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER _____
RE: Louis Thornton CC: Procedure Request
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY
NOTES/COMMENTS _____

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7-5-19*

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

TRANSMISSION VERIFICATION REPORT

TIME : 07/18/2019 10:50
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

07/18 10:49
9133429380909741319
00:00:35
02
OK
STANDARD