Bend Surgical Associates

General and Laparoscopic Surgery • Surgical Endoscopy • ERCP

Michael J. Mastrangelo, MD, FACS
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Physician Referral

If this is an urgent referral, please call the office at 541-383-2200
Please fax completed form and necessary documents to 541-383-5170

Patient Name: _____ DOB: _____

Phone Number - Home: _____ Other/Cell: _____

Insurance Company and ID #: _____

Referring Provider: _____

Reason for the referral: ( ) Surgical Consult   ( ) ERCP Consult

( ) EGD consult ( ) Colonoscopy Consult   ( ) * Open Access Colonoscopy ( ) * Open access EGD

Reason and Diagnosis Codes: _____

Please include the following information:

☐   Demographics - including contact and insurance information;

☐   Health records - including most recent chart note(s), medications, labs, or other diagnostic studies that pertain **only** to the current diagnosis;

☐   Old or outside records that pertain **only** to the current diagnosis such as previous procedures / surgeries.

Upon receipt of these documents, Bend Surgical Associates will contact the patient to schedule an appointment as appropriate.

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* Please Note: Open Access appointments are with the Medical Assistant / Nurse for screening procedures only. These patients do not see the provider. All instructions will be reviewed and the procedure will be scheduled at that time.

Prior to referring patients for open access appointments the referring provider is responsible for reviewing the patient's medical history and medications to ensure that the patient is medically stable for the referred procedure.