

IU Health Physicians

Hepatology Referral Form

Digestive & Liver Disorders

Mailing address: 702 Rotary Circle, Suite 225

Indianapolis, IN 46202

Please fax referral with records to (317) 968-1221 Scheduling by Phone Call: 1-888-484-3258

*Please check if you have a location preference

IUH Indiana University Hospital

550 University Blvd Suite 1710 Indianapolis, IN 46202

IUH Spring Mill Professional Building

10300 N Illinois St Suite 1100 Carmel, IN 46290

IUH Saxony Medical Office Building

13000 E 136th St Suite 3600 Fishers, IN 46037

IUH Morgan

2209 John R Wooden Dr Martinsville, IN 46151 Phone: 765-349-6942

Patient Information				
Name:	al records to Fax	Home Addres State: O Demo	e Phone:Zip:	of Birth: mm/dd/yyyy //or Insurance Summary
DISCLAIMER If any of the following tests have been completed, please send reports along with this referral form. Please Push all images to the IU Cloud or mail image CD to mailing address listed above along with Radiology Report TESTS				
Recent Labs	Y - N -		MRI / MRCP	Y - N -
Abdominal CT or US	Y - N -		Liver Biopsy	Y - N -
Referring Physician or APP:				
Office Contact (Manager, RN or MA):				
Phone:	Fax:			
Diagnosis / Indication for Referral:				
Is this an urgent referew onset jaundice) Navigator) after fax Primary Care Physi (if not the one reque	? If so, please sen ing records. cian:		` -	t and the second

For IU Health's most accepted insurances, go to: https://iuhealth.org/pay-a-bill/most-commonly-accepted-insurances