



LOS ANGELES INTEGRATIVE GASTROENTEROLOGY & NUTRITION

Farshid Sam Rahbar, MD, FACP, ABIHM

“Whole-Person Approach to Digestive Care”

(310) 289-8000

PROCEDURE REQUEST FORM

I, _____, hereby requesting the following procedure (Please Circle)

ENDOSCOPY COLONOSCOPY ENDOSCOPY & COLONOSCOPY

OTHER _____

DR. has provided me with the reason for this procedure(s), common risks, and common alternatives.

More information is available on WWW.LAINTTEGRATIVEGI.COM about consent, disclosure, and disclaimers related to these procedures.

I have been given “The Advance Payment Option” form.

I have been given “The Pre-Procedure Preparation” form.

I may ask any question prior to my Procedure Date by contacting the practice.

SIGNATURE

DATE

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