

SAN FRANCISCO GASTROENTEROLOGY

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Thank you for entrusting our office with your care. Prior to scheduling your procedure, please complete the following documents & obtain the requested information:

- Registration Form
- Patient Questionnaire
- HIPAA Consent Form
- Please INCLUDE a clear copy of your **INSURANCE CARD (front & back)**.**
- Please contact your primary care physician and have their office fax any tests such as lab work, radiology tests (ultrasounds, ct scans etc.) that are relevant to your referral to our office.

Once our office has received the information requested, we will review your records and you will be contacted to schedule an appointment and/or a procedure. Please allow 3-5 business days for your information to be reviewed.

If your health insurance is an HMO plan, please note that our office will request an authorization for the procedure(s) from your medical plan & we will contact you to schedule the procedure(s) once authorization has been approved.

If you have any further questions or concerns, please contact our office at (415) 749-6900. Our staff is available to assist you Monday-Friday from 9am-5pm.