

**SOUTHEAST TEXAS GASTROENTEROLOGY ASSOCIATES, P.A.**

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ANDREW H. BARENBERG, M.D.\* RAJA S. CHENNUPATI, M.D.\***

- 1. PLEASE HELP US UPDATE YOUR RECORDS BY COMPLETING IN FULL THE ATTACHED PATIENT INFORMATION FORMS AND RETURN THEM TO OUR OFFICE AT THE TIME OF YOUR SCHEDULED APPOINTMENT.**
- 2. PLEASE ASK YOUR PRIMARY CARE PHYSICIAN TO SEND YOUR REFERRAL FORM TO OUR OFFICE, IF REQUIRED BY YOUR INSURANCE COMPANY. INSURANCE CONTRACTS WILL NOT ALLOW US TO SEE YOU WITHOUT REQUIRED REFERRALS. YOU WILL BE RESCHEDULED IF THE REFERRAL IS NOT RECEIVED PRIOR TO YOUR APPOINTMENT.**
- 3. PLEASE BRING WITH YOU AT THE TIME OF YOUR APPOINTMENT A LIST OF CURRENT MEDICATION, ANY RECENT LABORATORY STUDIES, X-RAYS OR RESULTS OF MEDICAL TEST PERFORMED WITHIN THE LAST 8 WEEKS. THIS INFORMATION IS NECESSARY FOR YOUR EXAMINATION. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DELAYS IN YOUR TREATMENT.**
- 4. DUE TO EXTREME ALLERGIC REACTION, WE ASK THAT YOU DO NOT WEAR PERFUME OR COLOGNE.**

YOUR APPOINTMENT WITH \_\_\_\_\_ IS SCHEDULED  
FOR \_\_\_\_\_,  
AT \_\_\_\_\_AM/PM.

**IF THERE ARE ANY QUESTIONS, PLEASE CONTACT OUR OFFICE AT 409-833-5959.**

\*Board Certified in Gastroenterology by the American Board of Internal Medicine

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