

Patient: _____

Referring MD: _____

REASON FOR REFERRAL:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Anal Abscess | <input type="checkbox"/> Colorectal Cancer | <input type="checkbox"/> Fecal Incontinence | <input type="checkbox"/> Pelvic Floor Dysfunction |
| <input type="checkbox"/> Anal Itching | <input type="checkbox"/> Colorectal Cancer-Screen | <input type="checkbox"/> Fissure | <input type="checkbox"/> Pilonidal Cyst |
| <input type="checkbox"/> Anal Growth | <input type="checkbox"/> Constipation (Chronic) | <input type="checkbox"/> Fistula | <input type="checkbox"/> Polyps-Colorectal |
| <input type="checkbox"/> Anal Warts | <input type="checkbox"/> Crohn's/UC | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Rectal Bleeding |
| <input type="checkbox"/> Blood in Stool | <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Ischemic Colitis | <input type="checkbox"/> Rectal Prolapse |
| <input type="checkbox"/> Other/Comments: _____ | | | |

Patient Medical Records: Please fax all records to (703) 280-4773

PATIENT APPOINTMENTS: (703) 280-2841 Option 2, or visit www.fairfaxcolorectal.com/appointments

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Colorectal/Anorectal Physiology & Surgery

- Anorectal Ultrasound
- Anoscopy
- Colonoscopy
- Fecal Incontinence Treatments
- Fistulotomy
- Flex Sigmoidoscopy
- Genetic Testing for Colorectal Cancer
- Hemorrhoidectomy
- High Resolution Anoscopy (HRA)
- Laparoscopic/Minimally Invasive Surgery
- Pelvic Floor Evaluation
- Pilonidal Disease Surgery
- Polypectomy
- Robotic Surgery
- Sphincterotomy
- Transanal Endoscopic Microsurgery (TEM)