

Jeff M. Williams, MD
Board Certified Gastroenterologist



Main Office
3320 Old Jefferson Road
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Athens, GA 30607
(706) 613-1625 Phone
(706) 613-1629 Fax

Physician Referral Form

Please fill out this form and fax to (706) 613-1629 with ALL records and demographics.

STAT Request

Routine Request

Office Location Preference – Please Circle One:

ATHENS

COMMERCE

GREENSBORO

HARTWELL

LAVONIA

Patient name: _____

Date of birth: _____

Patient phone number: _____

Insurance carrier: _____

Reason for referral and/or diagnosis: _____

Requesting physician: _____

Physician phone number: _____

Physician fax number: _____

Additional comments: _____

If you have any questions or concerns, please contact our office at (706) 613-1625.

Jeffrey Williams, MD

Jamie Williams, NP-C

Kayla Weaver, PA-C

Andrea Mealor, NP-C

Below this line is for AGA office use only.

Appointment is scheduled with _____ in the _____ office on

_____ at _____. Thank you for the referral!

Commerce
Northridge Specialty Clinic
209 Mercer Place
Commerce, GA 30529

Greensboro
Tender Care Clinic
803 South Main Street
Greensboro, GA 30642

Lavonia
St. Mary's Sacred Heart
367 Clear Creek Drive Suite 2003
Lavonia, GA 30553

Hartwell
Hartwell Family Practice
229 Athens St.
Hartwell, GA 30643