Jeff M. Williams, MD
Board Certified Gastroenterologist

Main Office
3320 Old Jefferson Road
Building 400
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 HARTWELL LAVONIA

Patient Name:_____

DOB:_____

Patient Phone Number:_____

Insurance Carrier:_____

Reason for Referral/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. Thank you for the referral!

Jeffrey Williams, MD

Jamie Williams, NP-C Kayla Weaver, PA-C Andrea Mealor, NP-C

Dhurata Guillot, NP-C John Morgan, MD

Below this line is for AGA office use only.

Appointment is scheduled with _____ in the _____ office on

_____ at _____.

Lavonia
St. Mary's Sacred Heart
367 Clear Creek Drive
Suite 2007
Lavonia, GA 30553

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

Commerce
Northridge Specialty Clinic
209 Mercer Place
Commerce, GA 30529