

**DIGESTIVE HEALTH ASSOCIATES OF TEXAS**

**SINDHU ABRAHAM, M.D.**

*Board Certified in Gastroenterology*

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

PROCEDURE \_\_\_\_\_ DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PLACE: \_\_\_\_\_ DIGESTIVE HEALTH CENTER OF PLANO (PRESTON CROSSING ENDOSCOPY CENTER)  
3500 PRESTON RD STE# 200 PLANO, TX 75093  
(972)985-2300

\_\_\_\_\_ MEDICAL CITY PLANO HOSPITAL  
3901 W. 15<sup>TH</sup> ST. PLANO, TX 75075  
(972)596-6800

PHYSICIAN FEE: \_\_\_\_\_ PRESTON CROSSING FACILITY FEE: \_\_\_\_\_

MEDICAL CITY PLANO HOSPITAL FACILITY FEE CALL (800) 980-5794  
CPT CODE FOR EGD 43239, COLONOSCOPY 45380, ERCP 43261

**PLEASE BE AWARE THAT YOU MAY ALSO RECEIVE A BILL FROM THE ANESTHESIOLOGIST AND THE PATHOLOGIST IF ANY BIOPSIES ARE DONE OR IF ANY POLYPS ARE REMOVED.**

**WE REQUIRE A 48 HOUR CANCELLATION NOTICE OR YOU MAY BE CHARGED \$50.00 FOR NO SHOW OR LATE CANCELLATION.**

If you have any questions, please feel free to contact our office at (972)867-0019.