



KOOROSH KOOROS, MD
PEDIATRIC GASTROENTEROLOGY

Direct Referral

PCP/Specialist: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Diagnosis: _____

Patient: _____ DOB: _____

Phone: _____ Insurance: _____

I would like to receive status reports on this patient.

Provider Signature: _____ Date: _____

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📍 2151 Ross Ave., El Centro, CA 92243 ☎ 760-649-1700