Einstein Center for Advanced Liver Disease and Transplantation

Welcome to Einstein Healthcare Network’s Center for Advanced Liver Disease and Transplantation. You are scheduled to see:

Dr. __________________________________________ at ______ a.m. / p.m.

on __________________________________________

In our __________________________________________ office

Please arrive 15 minutes prior to your scheduled appointment time. This will give you a chance to complete any registration processes prior to seeing the physician.

Enclosed are directions to all of our locations, as well as other information.

Please be sure to bring the following items to your first appointment:

» Your insurance card(s)
» Photo ID
» Co-pay, if required by your insurance
» Referral, if required by your insurance
» Copies of blood tests, CT Scan, MRI and/or Ultrasound scan(s) and liver biopsy reports
» Completed questionnaire (enclosed)
» Your medications in the original bottles, or a list of your medications and dosages

Our registration staff will greet you and ask for your completed questionnaire and the items listed above.

A medical assistant will take you to an exam room, take your temperature, blood pressure, pulse and weight and review your questionnaire and medication list.

The doctor will review your medical history, examine you, and discuss next steps, including further testing if needed.

Once the visit is over, you will check out at the front desk. If a follow up visit is needed, it will be scheduled at that time.

If you have any questions, or need to reschedule your appointment, please call 215-456-8242, and we will be happy to assist you.
Today’s Date

PATIENT: ___________________________________  ______________________________  ___________________
            (Last Name)                        (First Name)           (Middle Initial)

DATE OF BIRTH: ____/_____/______ AGE: _____ SOCIAL SECURITY #:______________________________

ETHNICITY: ________________ RACE_______ MARITAL STATUS____ PREFERRED LANGUAGE: _____________

HOME ADDRESS: ____________________________________________________ APT #:_____________________

CITY: _____________________________   STATE: _________________ ZIP CODE:__________________________

PHONE: HOME (_____)________________________________     CELL (_____)_________________________

PLEASE REMOVE BLOCK FROM YOUR PHONE

OCCUPATION - IF WORKING

PLACE OF EMPLOYMENT: _________________________________________________________________________

ADDRESS: _______________________________________________________________________________________

CITY: ____________________________ STATE: _________________ ZIP CODE:______________________________

PHONE: (_____)_____________________________________ EXTENSION: __________________________________

EMERGENCY CONTACT:

NAME: _________________________________________________________________________________________

RELATIONSHIP TO YOU: ___________________________________________________________________________

ADDRESS: _______________________________________________________________________________________

CITY: ____________________________ STATE:________________ ZIP CODE:_______________________________

PHONE: (HOME) (_____)___________________________________________________________________________

PHONE: (WORK) (_____)___________________________________________________________________________

PHONE: (HOME) (_____)___________________________________________________________________________

PHONE: (WORK) (_____)___________________________________________________________________________

PHONE: (HOME) (_____)___________________________________________________________________________

PHONE: (WORK) (_____)___________________________________________________________________________

PHONE: (HOME) (_____)___________________________________________________________________________

PHONE: (WORK) (_____)___________________________________________________________________________
Health Insurance

MEDICARE:
ID #: ___________________________ EFF DATE: ___________________________

PLEASE CIRCLE ONE:  PART A  PART B  BOTH

BLUE CROSS/BLUE SHIELD OF (CIRCLE ONE):  PA  NJ  OTHER: ___________________________
ID #: ___________________________ GROUP #: ___________________________

PERSONAL CHOICE:
ID #: ___________________________ GROUP #: ___________________________

MEDICAL ASSISTANCE:
STATE: ________________________ RECIPIENT NUMBER: ________________________

HMO/PPO INSURANCE: INSURANCE COMPANY: ___________________________
ID #: ___________________________ GROUP #: ___________________________

OTHER INSURANCE: INSURANCE COMPANY: ___________________________
ID #: ___________________________ GROUP #: ___________________________
REFERRING PHYSICIAN

GASTROENTEROLOGIST (stomach doctor):

NAME: ______________________________________________
(First Name) (Last Name)

ADDRESS: ______________________________________________

CITY: ___________________ STATE: ___________ ZIP CODE: _______________________

PHONE #: (_____) ________________________________

FAMILY PHYSICIAN:

NAME: ______________________________________________
(First Name) (Last Name)

ADDRESS: ______________________________________________

CITY: ___________________ STATE: ___________ ZIP CODE: _______________________

PHONE #: (_____) ________________________________

OTHER PHYSICIANS YOU SEE REGULARLY:

#1 NAME: ______________________________________________
(First Name) (Last Name)

PHONE #: (_____) ________________________________

#2 NAME: ______________________________________________
(First Name) (Last Name)

PHONE #: (_____) ________________________________

#3 NAME: ______________________________________________
(First Name) (Last Name)

PHONE #: (_____) ________________________________
Information about Payments for Your Visits and Procedures

You and/or your insurance provider will be billed for each visit. By law, we must charge you the co-pay that your insurance company requires.

To avoid billing errors, please provide an up-to-date insurance card, photo ID, and referral (if required by your insurance) when you arrive for each visit.

For patients with insurance that requires a referral for a specialist visit, below is a list of the most common insurance providers in our area and the corresponding provider number for our practice. Your family doctor will need our provider number in order to give you an accurate referral.

### INSURANCE

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>PROVIDER ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna US Health Care</td>
<td>112224</td>
</tr>
<tr>
<td>AmeriHealth of PA</td>
<td>0228613000</td>
</tr>
<tr>
<td>Cigna PPO</td>
<td>9091268</td>
</tr>
<tr>
<td>HealthPartners</td>
<td>13786</td>
</tr>
<tr>
<td>Horizon BC/BC of NJ</td>
<td>1005778</td>
</tr>
<tr>
<td>Independence Blue Cross</td>
<td>0228613000</td>
</tr>
<tr>
<td>Keystone HP East/ Keystone 65</td>
<td>0228613000</td>
</tr>
<tr>
<td>Keystone Mercy</td>
<td>32620</td>
</tr>
<tr>
<td>NJ DPA Group</td>
<td>7002505</td>
</tr>
<tr>
<td>Travelers Medicare</td>
<td>10014605</td>
</tr>
<tr>
<td>United HealthCare</td>
<td>112224</td>
</tr>
</tbody>
</table>

### UNINSURED PATIENTS

There are very clear government rules that your physician must follow when determining how much to charge for your visits. Most visits with a specialist are considered complex visits, but the physician cannot determine the charge until the completion of the visit. The charge for the most complex physician visits is currently $303.00. Visits with a nurse are very basic and cost $40. Payment is due at the time of the visit.
# Medical and Social History Form

Please fill out this form as completely as possible prior to your visit to our center. It will help us take care of you better and will ensure that nothing is left out of your visit that may be important for our recommendations.

## Past Medical History

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-Vascular problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Hepatitis/Jaundice</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis/Jaundice as a child</td>
<td></td>
<td></td>
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<tr>
<td>Blood Transfusions</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
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<tr>
<td>Problems with your eyes</td>
<td></td>
<td></td>
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<tr>
<td>Chest Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression now or in the past</td>
<td></td>
<td></td>
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<tr>
<td>Problems with your nerves</td>
<td></td>
<td></td>
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<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
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<tr>
<td>Gout</td>
<td></td>
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<tr>
<td>Cancer</td>
<td></td>
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<tr>
<td>Skin Problems</td>
<td></td>
<td></td>
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<tr>
<td>Sexual Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please explain any ‘Yes’ answers)

## Current or Recent Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constantly Tired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely Hungry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Loss</td>
<td></td>
<td></td>
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<tr>
<td>Weight Gain</td>
<td></td>
<td></td>
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<tr>
<td>Vomiting</td>
<td></td>
<td></td>
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<tr>
<td>Pain in belly</td>
<td></td>
<td></td>
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<tr>
<td>Bleeding from rectum</td>
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<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
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<tr>
<td>Constipation</td>
<td></td>
<td></td>
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<tr>
<td>Swollen Legs</td>
<td></td>
<td></td>
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<tr>
<td>Swollen Abdomen</td>
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<tr>
<td>Memory / Concentration Problems</td>
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<td></td>
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<tr>
<td>Problems Sleeping</td>
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<tr>
<td>Rashes</td>
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<tr>
<td>Itching</td>
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<tr>
<td>Joint Pains / Swelling</td>
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<tr>
<td>Numbness / Tingling</td>
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<tr>
<td>Fevers</td>
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<tr>
<td>Anxinity / Nervousness</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

(Please explain any ‘Yes’ answers)
### Past Surgeries

<table>
<thead>
<tr>
<th>WHERE</th>
<th>WHEN</th>
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<tbody>
<tr>
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</tbody>
</table>

### Family History:

<table>
<thead>
<tr>
<th>Alive</th>
<th>Deceased</th>
<th>Cause of Death</th>
<th>Current Age or Age at Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Brother</td>
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<td>Brother</td>
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<td>Brother</td>
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<tr>
<td>Sister</td>
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<td>Sister</td>
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<tr>
<td>Sister</td>
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</tbody>
</table>

**Any Family History of Liver Disease?**

- [ ] YES
- [ ] NO

If yes, please explain:

____________________________________________________________________________________

### Your Occupation:

- [ ] Full-Time
- [ ] Part-Time
- [ ] Disabled
- [ ] Retired
- [ ] Unemployed

### Social History:

- [ ] Married
- [ ] Divorced
- [ ] Widowed
- [ ] Never Married

### Children:

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
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</tbody>
</table>
ALCOHOL USE

Yes  No
Social   Yes  No
Alcoholic  Yes  No
Rehab    Yes  No
AA       Yes  No
Legal Problems  Yes  No
Last Drink  _________________

ILLEGAL DRUG USE

Yes  No

Date of last use of illegal drugs  ____/______/______

Drug Rehab    Yes  No
Cocaine use   Yes  No
Injected drugs into a vein  Yes  No

TATTOOS

Yes  No

EXPOSURES

Have you had any frequent exposure to chemicals or industrial products, fumes, solvents or other unusual substances?     Yes    No

If you answered “Yes” please explain: ______________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Any travel and/or prolonged stays out of the country (including military duty)?     Yes    No

If you answered “Yes” please explain: ______________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
# Medication and Allergy Record

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>DOSE</th>
<th>HOW OFTEN DO YOU TAKE?</th>
<th>HOW LONG HAVE YOU TAKEN THIS MEDICATION?</th>
<th>REASON YOU TAKE?</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

ARE YOU ALLERGIC TO ANY MEDICATIONS?  
- Yes  
- No

NAME OF MEDICATION(S) TO WHICH YOU ARE ALLERGIC

<table>
<thead>
<tr>
<th>NAME OF MEDICATION(S) TO WHICH YOU ARE ALLERGIC</th>
<th>DESCRIBE THE ALLERGIC REACTION YOU HAD TO EACH MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Any allergies to IV contrast?  
- Yes  
- No – If yes, please describe reaction:

**FOR OFFICE USE ONLY:** Changes made to the Patient’s Medications. Patient provided with new mediation list & copy sent to referring physician.

Physician Printed Name & Title: ____________________  
Physician Signature: ____________________

Date: ________/_______/_______  Time: _______  
- AM  
- PM
<table>
<thead>
<tr>
<th>MOST RECENT TESTING</th>
<th>WHERE</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td></td>
<td></td>
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<tr>
<td>CT Scan</td>
<td></td>
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<tr>
<td>Liver Biopsy</td>
<td></td>
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<tr>
<td>Upper Endoscopy (EGD)</td>
<td></td>
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<tr>
<td>Colonoscopy</td>
<td></td>
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<tr>
<td>Mammogram</td>
<td></td>
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<tr>
<td>PAP</td>
<td></td>
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<tr>
<td>Colon Cancer Screening</td>
<td></td>
<td></td>
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<tr>
<td>Colonoscopy</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>VACCINATION HISTORY</th>
<th>WHERE</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Vaccination</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis A Vaccination</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Reviewed ________________________ Date ________________________
Travel Directions

EINSTEIN MEDICAL CENTER MONTGOMERY CAMPUS
Minerva D. Braemer Medical Arts Building
609 West Germantown Pike, Suite 140
East Norriton, PA 19403

The Minerva D. Braemer Medical Arts Building is located on the Einstein Medical Center Montgomery campus, on the north side of the hospital, which is on the opposite side of the building from the main entrance. Once on the north side of the hospital, the Minerva D. Braemer Medical Arts Building is on your right. It has its own front entrance, and is also connected to the hospital by an enclosed walkway.

FROM LANSDALE & AREAS NORTH
» Head southwest on S Broad St toward Hector Alley
» Continue onto Schultz Rd, Continue onto Weber Rd
» Turn left onto PA-73 E/W Skippack Pike, Take the 2nd right onto Whitehall Rd.
» Turn left onto W Germantown Pike
» After 0.3 miles Einstein Medical Center Montgomery is located on the left.

FROM KING OF PRUSSIA & AREAS SOUTH
» Head west on Gen Armstrong Rd toward General Knox Dr.
» Take the 1st right onto General Knox Dr.
» Take the 2nd right onto W Valley Forge Rd.
» Turn right onto N Henderson Rd., Turn left onto Ross Rd.
» Slight left to merge onto US-202 N/Markley St., Continue onto Swede Rd.
» Turn left onto W Germantown Pike
» After 1.1 miles Einstein Medical Center Montgomery is located on the right.

FROM PENNSYLVANIA TURNPIKE – EAST & WEST
» Take Turnpike to Exit 333 (Norristown/Plymouth Meeting)
» Keep left at the fork, follow signs for Norristown
» Keep left at the fork, follow signs for Plymouth Rd.
» Turn left onto Plymouth Rd., Take the 1st right onto W Germantown Pike
» Slight right onto Germantown Pike
» After 3.6 miles Einstein Medical Center Montgomery is located on the right.

FROM PHILADELPHIA
» Take 76 West (Schuylkill Expressway) to Valley Forge.
» Take exit 329 for South Henderson Road N/South Gulph Road toward King of Prussia/Norristown.
» Slight right onto S Henderson Rd.
» Turn right onto E Dekab Pike
» Turn right to stay on E Dekab Pike
» Continue onto Dekalb St.
» Continue onto Dekalb Pike
» Turn left onto W Germantown Pike
» After 1.8 miles Einstein Medical Center Montgomery is located on the right.

If you have any questions, please call 215-456-8242
Travel Directions

EINSTEIN HEALTHCARE NETWORK - COLLEGEVILLE
Providence Town Center
100 Market Street, Suite 300, Multi-Specialty Providers
Collegeville, PA 19426

FROM LANSDALE & AREAS NORTH
» Follow PA-363 S/S Valley Forge Rd
» Turn right onto W Germantown Pike
» Turn right onto Pennsylvania 4031/Germantown Pike/Ridge Pike
» Quick left onto PA-29 S
» Follow approximately 2 miles and turn right onto Town Center Drive
» Quick Left onto Market Street and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

FROM READING & AREAS WEST
» Follow US-422E and take the exit toward Collegeville
» Turn left onto PA-29 N/S Collegeville Rd/Phoenixville Collegeville Rd
» Continue to follow PA-29N/S Collegeville Rd
» Turn left onto Town Center Drive
» Turn left onto Market St and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

FROM PHILADELPHIA AND AREAS EAST
» I-76 W to exit 327-328A-328B for US-202 N toward US-422 W/King of Prussia/W Chester/Pottstown
» Take exit 328A on the left to merge onto US-422 W toward Pottstown
» Take the PA-29 N exit toward Collegeville
» Turn right onto PA-29 N/S Collegeville Rd/Phoenixville Collegeville Rd
» Continue to follow PA-29 N/S Collegeville Rd
» Take the 1st left onto Town Center Dr
» Turn left onto Market St and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

FROM KING OF PRUSSIA & AREAS SOUTH
» Follow US-422 W via the ramp to Pottstown
» Travel 6.7 miles Take the PA-29 N exit toward Collegeville
» Turn right onto PA-29 N/S Collegeville Rd/Phoenixville Collegeville Rd
» Continue to follow PA-29 N/S Collegeville Rd
» Take the 1st left onto Town Center Dr
» Turn left onto Market St. and see the Providence Town Center complex on the right (next to the Movie Tavern)
» Enter the complex and go to building 100. Use the back entrance.
» Suite 300, Einstein Multi-Specialty Providers

If you have any questions, please call 215-456-8242
Travel Directions

THE PAVILION OF DOYLESTOWN HOSPITAL
599 West State Street, Suite 100
Doylestown, PA 18901

FROM NJ & POINTS EAST:
» From I-95 in NJ towards Pennsylvania. Take Exit #49, PA-332 (Newtown)
» Keep RIGHT at the fork and merge onto Newtown Yardley RD/ PA-332 W (which becomes the Newtown Bypass)
» Turn Slight Right onto Newtown Bypass/ PA-413 N.
» Turn Left onto Durham RD/ PA-413 N and Continue to follow PA-413 N.
» Continue on Route 202 through Lahaska and Buckingham. (Route 202 joins Route 611 South)
» Exit at Route 202 South (Norristown/State St) and Bear right off exit.
» Hospital is two blocks on left. Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

FROM POINTS NORTH:
» Route 309 South to Route 313 East.
» Follow Route 313 East to Route 611 South
» Exit at Route 202 South (Norristown/State St) and Bear right off exit.
» Hospital is two blocks on left. Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

FROM POINTS WEST:
» Take Route 202 North to Route 309.
» Cross Route 309 and continue straight on Upper State Road (approx 7 miles until it intersects at a “T” with Route 202. See 7-Eleven convenience store on the left.)
» Make a right onto 202 North and continue approximately 1.5 miles to the Doylestown Hospital entrance on left. Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”

FROM PHILADELPHIA & POINTS SOUTH:
» Take Route I-76 West to Route I-476 North
» Continue to Pennsylvania Turnpike. Follow turnpike directions listed below.

FROM PENNSYLVANIA TURNPIKE:
» Take the Pennsylvania Turnpike to Exit 343 (Willow Grove).
» Bear right onto Route 611 North.
» Stay on Route 611 North (road will become bypass around Doylestown - stay left toward Easton)
» Exit at Route 202 South (Norristown/State Street).

Make a left at top of the ramp onto State Street. Hospital entrance is next driveway on left. **Upon entering the hospital campus, turn right toward the “Pavilion” and enter using the “South Entrance.”**

If you have any questions, please call 215-456-8242
Travel Directions

SURGICAL ASSOCIATES PA
200 Banning Street, Suite 200
Dover, DE 19904

FROM WILMINGTON/PHILADELPHIA
» 95 South to Route 1 South (toward Dover/Beaches)
» Continue 30 miles and take the first Dover Exit (Exit 104-Scarborough Rd)
» After toll, continue through intersection crossing over Rt.13.
» Continue straight on Scarborough Road (this road will change names to McKee Road and then to Saulsbury Road)
» Cross over Rt. 8/Forrest Ave
» Turn left at the second light onto North Street/Hazelletteville Road.
» At the next light turn right onto Banning Street (Eden Hill Surgical Center)
» 2nd Floor, Suite 200 (Office of Surgical Associates PA)

FROM REHOBOTH/OCEAN CITY
» DE - Route 1 North, North on Route 13.
» Once in Dover, Delaware, turn left onto RT 8, also called Division Street. This road will turn into Forrest Street.
» Follow through downtown Dover and turn left onto Saulsbury Road.
» Turn left onto W North Street.
» Turn right at the next light onto Banning Street (Eden Hill Surgical Center)
» 2nd Floor, Suite 200 (Office of Surgical Associates PA)

FROM SALISBURY
» North on Route 13. Once in Dover, Delaware, turn left onto RT 8, also called Division Street. This road will turn into Forrest Street.
» Follow through downtown Dover and turn left onto Saulsbury Road.
» Turn left onto W North Street.
» Turn right at the next light onto Banning Street (Eden Hill Surgical Center)
» 2nd Floor, Suite 200 (Office of Surgical Associates PA)

If you have any questions, please call 215-456-8242
Travel Directions

GASTROENTEROLOGY ASSOCIATES OF DELAWARE
4745 Ogletown-Stanton Road
Medical Arts Pavilion 1, Suite 134
Newark, DE 19713

FROM 95 SOUTH
» Take exit 4B (Churchman’s Road).
» Go straight on Route 58/Churchman’s Road.
» At the 5th light, make a left onto the Christiana Hospital Campus.
» Make a right turn at the intersection and follow the signs for
» Medical Arts Pavilion 1 (Two-story building attached to the hospital)
» Suite 134 - Office of Gastroenterology Associates of Delaware
  (Located on first floor to the left, when entering the main entrance for Medical Arts Pavilion 1)

FROM ROUTE 7 SOUTH
» Turn right onto Route 4 West.
» At the 3rd light, make a left onto the Christiana Hospital Campus.
» Make a right turn at the intersection and follow the signs for
» Medical Arts Pavilion 1 (Two-story building attached to the hospital)
» Suite 134 - Office of Gastroenterology Associates of Delaware
  (Located on first floor to the left, when entering the main entrance for Medical Arts Pavilion 1)

FROM 95 NORTH
» Take exit 4N (Churchman’s Road).
» Cross over the bridge and exit at 166.
» Follow 58 West,
» Make a right onto Route 58/Churchman’s Road, and continue under the bridge.
» At the 3rd light make a left onto the Christiana Hospital Campus and follow the signs for Medical Arts Pavilion 1 (Two-story building attached to the hospital)
» Suite 134 - Office of Gastroenterology Associates of Delaware
  (Located on first floor to the left, when entering the main entrance for Medical Arts Pavilion 1)

If you have any questions, please call 215-456-8242
Travel Directions

VIRTUA CARDIOLOGY GROUP
VIRTUA HOSPITAL CAMPUS
Parking Section E - Health and Wellness Building
200 Bowman Drive, Suite 335
Voorhees, NJ 08043

FROM NORTH JERSEY
» New Jersey Turnpike (toll road) to Exit 4 - Route 73 South
» Stay on Route 73 South for 5.7 miles
» Once you cross Kresson Road-travel pass the first hospital entrance
» and proceed to Bowman Drive and make a Right (See sign - Hospital/ER)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Cardiology Group)

FROM I-295 SOUTH:
» 295 South to Exit 36A (Mount Laurel) and Merge onto Route 73 South
» Follow Route 73 South for 7.5 miles
» Once you cross Kresson Road-travel pass the first hospital entrance
» and proceed to Bowman Drive and make a Right (See sign - Hospital/ER)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Cardiology Group)

FROM I-295 NORTH
» 295 North to Exit 32 – Route 561/Haddonfield-Berlin Road
» Make a Right at the light onto Haddonfield-Berlin Road
» Travel 1.5 miles to Evesham Road and make a Left
» Continue on Evesham Road 2.1 miles to Kresson Road and make a Right
» Note: you will pass 3 other Virtua buildings on way to Kresson Rd
» Follow Kresson Road to Route 73 South and make a Right
» Travel pass the first hospital entrance and proceed to Bowman Drive and
» make a Right (See sign - Hospital/ER)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Cardiology Group)

FROM SHORE POINTS
» Atlantic City Expressway West to Route 73 North
» Follow Route 73 North 14.1 miles to Bowman Drive and follow the “all turns” to
» make a left onto Bowman Road (Note: BJ’s Wholesale sign located at the turn)
» Bear Right at the campus circle to stay on Bowman Drive
» Make Left into Parking Section E (Health and Wellness Center)
» Bldg 200, Suite 335 (Office of Virtua Cardiology Group)

BUS ROUTE: Route 406 stops at the hospital. For more information, call New Jersey Transit at 1-800-772-222.

If you have any questions, please call 215-456-8242.