

## Gastroenterology and Hepatology Endoscopy Order (procedure)

Please complete patient information below, or attach patient demographic information before faxing.

Patient's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MR #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Office Fax: \_\_\_\_\_

### COLONOSCOPY

- Screening: 50 yrs or older average age risk
  - ◆ No personal/family hx of polyps or cancer
  - ◆ Should be 10 yrs from last colo, or 4 yrs from last flex sig unless mitigating factors per Medicare guidelines

#### Specific indications:

- Personal hx of polyps. Type: \_\_\_\_\_  
Colonoscopy date: \_\_\_\_\_
- Personal hx of colorectal cancer  
Last colonoscopy date: \_\_\_\_\_
- Personal hx of inflammatory bowel disease
- Family hx of colorectal cancer or polyps  
Relation \_\_\_\_\_ age at dx \_\_\_\_\_  
Relation \_\_\_\_\_ age at dx \_\_\_\_\_
- Fecal occult blood positive
- Iron deficiency
- Hematochezia (rectal bleeding)
- Evaluation of abnormality on barium enema or other pertinent test: Describe: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

For patient safety reasons, please include the following Information on your patient:

- List of Medications
- Surgical and Medical History
- Recent History and Physical
- Procedure Reports is applicable

### EGD (UPPER ENDOSCOPY)

- Upper abdominal distress/dyspepsia
  - 50 yr old  failure after test/treatment
- Dysphagia/Odynophagia (circle one)
- Gastrointestinal bleed/iron deficiency with suspected upper GI source
- Barrett's esophagus surveillance  
Date of last EGD: \_\_\_\_\_

### FLEXIBLE SIGMOIDOSCOPY

- Screening
- Suspected rectal disease when colonoscopy is not indicated

### ADVANCED PROCEDURE (to be reviewed by an Advanced Endoscopist prior to scheduling)

- EUS\*
- ERCP\*

\*Please include all notes pertaining to diagnosis along with radiology reports and disks.

#### CODE STATUS\*\*\*

- Full Code
- Limited Resuscitation (e.g. no chest compression but intubation okay)
- Do Not Resuscitate (DNR)

\*\*\*If a patient is a DNR, they must bring their status information with them to this appointment.

**IF YOU CONSIDER THIS AN URGENT PROCEDURE PLEASE CHECK**