

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
 - Colon cancer surveillance Diagnosis
- Family hx of colorectal cancer or polyps
Relation _____ age at dx _____
Relation _____ age at dx _____
- Fecal occult blood positive
- Iron deficiency: If colonoscopy **does not** reveal bleeding source (melena or IDA), do you want an EGD done at the same time?
 - Yes No
- Hematochezia (rectal bleeding)
- Evaluation of abnormality on barium enema or other pertinent test: describe: _____

- Other, describe: _____

PATIENT SAFETY

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 as applicable

EGD (UPPER ENDOSCOPY)

- Upper abdominal distress/dyspepsia
 - 50 yr old Failure after test/treatment
- Dysphagia / Odynophagia (circle one)
- Gastrointestinal bleeding/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.

Ordering physician's signature (required): _____ **Date:** _____