

## **Thoracic Oncology and Pulmonary**

### **Endoscopy Request (procedure)**

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

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

DOB: \_\_\_\_\_ MR #: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_

### **Reason for Consult**

- Lung Nodule
- Lung Mass
- Pleural Effusion

### **CT Scan to be provided\***

- In eD-H
- Sent
  - ◆ \*FedEx tracking # \_\_\_\_\_
  - ◆ \*UPS tracking # \_\_\_\_\_

### **Anesthesia Requested**

- IV Conscious Sedation
- General Anesthesia

### **Procedure Requested**

- EBUS (Endobronchial Ultrasound)
- Bronchoscopy
- Bronchoscopy w/ ND: Yag Laser & GA
- Thoracentesis

### **Specific Provider Requested?**

- Dr. Peter DeLong
- Dr. Lisa Tilluckdharry

### **Medications\*\***

- Anticoagulation Drug (Coumadin, Plavix, or Aspirin) needs to be stopped 5-7 days prior to procedure

**\*\*Prescribing physician should determine whether it is safe to hold anticoagulants and antiplatelets BEFORE this procedure.**

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_