

ENDOSCOPIC PROCEDURE REQUEST FORM

Please check location below: Appointment Date: _____ Time: _____

UVA Digestive Health Center / Hospital: Call for appointment (434) 924-9999, then complete this form and fax to: (434) 924-8144

UVA Digestive Health Center / Hospital: Provides endoscopic procedures for screening or for diagnosis (and treatment) for anemia, bleeding, weight loss, abdominal pain, change in stool or bowel habits, etc.

Patients who have undiagnosed GI symptoms, are strongly recommended to be seen in DHC clinic prior to scheduling a procedure at UVA DHC. For a DHC Clinic appointment please call (434) 982-1582.

For further questions, please call the Endoscopy Coordinator at (434) 243-6346.

UVA Outpatient Surgery Center: Call for appointment (434) 951-4604, then complete this form and fax to: (434) 817-8470

UVA Outpatient Surgery Center: Colonoscopy is available for screening exams on low risk patients. Patients who are appropriate are under 70 yrs, normally healthy or with mild, well-controlled diseases.

Patients with (eg.) sleep apnea on O2 or CPAP/BiPAP, heart problems, renal failure, liver disease, morbid obesity; had chest pain, stroke, or TIA in the last 6 months, or other significant diseases (complete list on UVA DHC web-site); **DO NOT** qualify to be done at UVA OSC.

PROCEDURE(S) REQUESTED:

I = Initial procedure

F/U = Follow – Up

Colon _____

Dilation _____

Liver Bx* _____ U/S _____

EGD _____

APC _____

Paracentesis* _____

Enteroscopy _____

EUS _____

Bronch _____

Flex Sig _____

PEG / J* _____

Other _____

*Labs: Patients for Liver Bx, Paracentesis, PEG or PEG/J need CBC w/ diff, PT, PTT, and INR within 30 days of the scheduled appointment.

PATIENT INFORMATION:

MRN _____ or SSN _____

Name: (First, MI, Last, Maiden) _____ Age: _____ DOB: _____

Address: _____

Zip: _____

Telephone: Home: (____) _____ Cell: (____) _____ Work: (____) _____

INDICATION FOR PROCEDURE:

Medical History _____

Special Considerations (eg, Non-English speaking, Mentally Handicapped, Sensory Impaired) _____

Present Medications: _____

Medication Allergies: _____

Prophylactic Antibiotics Needed? Yes No Unknown

PATIENT EDUCATION PROVIDED BY REFERRING MD / OFFICE:

Anticoagulants have been stopped or adjusted by _____ N/A

Diabetes medications have been adjusted by _____ N/A

Procedure Brochure provided to patient

NPO 4 hours for clear liquids, 6 hours for solids (unless doing a colon prep: then 24 hours for solids)

Bowel Preparation (24 hrs clear liquids only): Referring MD to prescribe bowel preparation.

Golytely prescription and prep instructions given to patient

Fleet Phospho-soda prep instructions given to patient (preferred prep at UVA OSC)

Other prep provided _____

Primary Care Physician: _____ MD

Referring or Ordering Physician: _____ MD

Telephone: (____) _____ Fax: (____) _____ PIC: _____

Today's Date: _____ Scheduled by: _____