

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) 924-2959, follow prompt for clinic appt. For further questions, please call the Endoscopy Coordinator at (434) 243-6346.

UVA Outpatient Surgery Center: Call for appointment (434) 982-3109, then complete this form and fax to: (434) 982-2260

UVA Outpatient Surgery Center (OSC): 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 within 6 months, or other significant diseases; **DO NOT** qualify to be done at OSC.

PROCEDURE(S) REQUESTED:

I = Initial procedure F/U = Follow – Up

Colon _____ PEG* _____ Bronch _____
EGD _____ Paracentesis* _____ EBUS _____
Flex Sig _____ Other _____ Fluro needed _____

Other therapies, eg, biopsy, banding, botox, PDT, dilation, BAL, etc: _____

EMR or separate form(s) available to schedule ERCP's EUS, Liver Biopsies (forms in DHC Clinic).

*Labs: Patients for Paracentesis or PEG need CBC, Platelets, and INR within 6 weeks of the 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 information provided to patient (available to order from Printing & Copying, or on DHC website)

NPO 2-4 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

Other prep provided _____

Primary Care Physician: _____ MD

Referring or Ordering Physician: _____ MD

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

Today's Date: _____ Scheduled by: _____