

## Dartmouth Hitchcock Medical Center

Phone: (603) 650-5261 Fax: (603) 676-4080 Medically Urgent Fax: (603) 640-1909

Referring Provider:	Office Phone:
Practice Name:	Fax:
Practice Address	PCP Name:
Patient Name:	MRN#
DOB: F	Home PhoneWork Phone
Mailing Address:	
Will a supplied interpreter be needed for this appointment	it? □ No □ Yes Language:
Health Insurance:	Subscribers Name:
Policy #: Group# _	Subscribers DOB
Referral for Gastroenterology & Hepat	tology   Endoscopy Order (procedure)
Colonoscopy  □ Screening 50 yr oldfailure after test/treatment  ✓ 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 canceror 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:	es Gastrointestinal bleed/iron deficiency with suspected upper GI source  Barrett's esophagus surveillance Date of last EGD:  Flexible Sigmoidsopy  Screening
	uling). Please include all notes pertaining to diagnosis along with radiology reports and disks. □ EUS □ ERCP
For patient safety reasons, please include the followi  List of Medications  Surgical and MedicalHistory	ing □ Recent History and Physical □ Procedure Reports is applicable
Code Status  ☐ Full Code ☐ Limited Resuscitation (e.g. no chest compression but in	

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

☐ Do Not Resuscitate (DNR)