

Direct Access Colonoscopy & Gastroscopy Program

Scheduling: (310) 846-4150 Fax: (310) 846-4183

* Please note that all direct referrals should only be on healthy, non-complicated patients not currently taking anticoagulants, aspirin, or other non-steroidal anti-inflammatory medications.

PATIENT INFORMATION

Date: _____

Referring M.D.: _____ Phone: _____

Patient Name: _____ D.O.B.: _____

Address: _____ Phone: _____

City/State: _____ Zip Code: _____

Insurance: _____ Insurance ID: _____

APPOINTMENT DATE: _____ **TIME:** _____

NOTE: ALL REQUESTS REQUIRING PRIOR AUTHORIZATION MUST BE SUBMITTED WITH A VALID APPROVED AUTHORIZATION.

PROCEDURE TYPE AND PREPARATION

Please check all that apply:

Colonoscopy: _____ Diagnosis: _____

Colon Preparation Prescribed:

- Fleet® Phospho-Soda® (O.T.C.) Note: not recommended for patients with unstable cardiovascular or renal disease
- Half-Lytely®
- Sorbitol (O.T.C.) Note: not recommended for patients with diabetes

Gastroscopy (EGD) _____ Diagnosis: _____

Gastroscopy Preparation Prescribed:

- NPO post midnight the evening immediately preceding the procedure

PATIENT HISTORY

Allergy History (circle each)

- Penicillin or other antibiotics..... No Yes
- Morphine, Demerol or other narcotics..... No Yes
- Novocain or other anesthetics..... No Yes
- Aspirin or other pain remedies..... No Yes
- Tetanus antitoxin or other serums..... No Yes
- Iodine, methiolate or other antiseptic..... No Yes
- Other drugs/medications _____

Does the patient have any of the following medical conditions?

- Cardiac Disease..... No Yes (not eligible for direct access)
- Heart Valve..... No Yes (not eligible for direct access)

Is the patient taking any of the following medications?

- Coumadin..... No Yes (not eligible for direct access)
- Aspirin..... No Yes (not eligible for direct access)
- Plavix..... No Yes (not eligible for direct access)
- NSAID (anti-inflammatory)..... No Yes (not eligible for direct access)

