IOWA DIGESTIVE DISEASE CENTER

GASTROENTEROLOGY, HEPATOLOGY, DIAGNOSTIC AND THERAPEUTIC ENDOSCOPY AND COLORECTAL SURGERY

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Procedure Scheduling Form

EGD – Colonoscopy

Please forward any pertinent: Labs, Office Notes, Radiology Reports, CT Scans along with Insurance Cards, and Medication List.

In order for us to provide you and your patient timely and efficient service, we ask that you complete this form and fax to our Scheduling Department at **(515) 288-8335**.

From which provider in our practice are you requesting services? (Please circle one below)

○ Dr. Iyer	○ Dr. Leman	○ Dr. Lopes	○ Dr. Martin
○ Dr. Myneni	○ Dr. Newton	○ Dr. O'Brien	○ Dr. Roberts
○ Dr. Vemulapalli	○ Dr. Verma	○ Dr. Page	○ Any IDDC Provider

Patient Information

Referring Provider:_______________________ Phone:_______________

Person making this request:__________________ Fax:_______________

Has the patient been seen by any GI provider in the office or hospital?

○ Yes ○ No ○ If yes, by whom?____________

Patient Name:____________________ DOB:____________ Circle: Male Female

Patient's street address: ____________________ City: __________ State:___ Zip Code:________

Patient's home phone: _______________ Other phone: _____________ work cell other

What time of day is best to call patient? ________ Patient's Weight: ______ Patient's Height: ______

Does the patient read and understand the English language: ○ Yes ○ No

Is a Sign Language/ or Language translator needed?

○ No ○ Yes For what language? _____________

Procedure Information

Procedure to be scheduled?

○ Colon Screening ○ Colon Diagnostic ○ EGD Other: __________

If Diagnostic Colon:(circle all that apply)
Abdominal Pain Blood in Stool
Change in Bowel Habits Constipation
Family Hx of Colon Cancer or Polyps Diarrhea

If for EGD: (circle all that apply)
Nausea/Vomitting GERD
Barret's Esophagus
Other:

Is the patient on Anticoagulants or Aspirin: ○ No ○ Yes Prescribed by whom:______________

Insurance Information (Include a copy of card with referral)

Primary insurance: _______________ Insurance ID#: ______________ self or other: ______

Secondary insurance: _____________ Insurance ID#: ______________ self or other: ______