IOWA DIGESTIVE DISEASE CENTER

GASTROENTEROLOGY, HEPATOLOGY, DIAGNOSTIC AND THERAPEUTIC ENDOSCOPY AND COLORECTAL SURGERY

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Amol Agarwal, M.D.

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. O'Brien
- ○ Dr. Roberts
- ○ Dr. Vemulapalli
- ○ Dr. Verma
- ○ Dr. Mulder
- ○ Dr. Sondhi
- ○ Any IDDC Provider
- ○ Dr. Agarwal

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 Phone: __________________ Circle: Work / Cell / Other

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 If yes, which language? ____________

Procedure Information

What is the procedure to be scheduled?

○ Colon Screening ○ Colon Diagnostic ○ EGD Other: ________

If Diagnostic Colon: (Please 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: (Please circle all that apply.)
Nausea/Vomiting 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: ______

Updated 9/7/18