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 1 UK HealthCare Good Samaritan Hospital
 1 UK HealthCare Ambulatory Services
 1 UK Dental and Oral Health Clinics

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ADVANCED ENDOSCOPY REQUEST FORM

ERCP, Upper and Lower EUS, Halo/Barrx, and other Advanced Procedures

Thank you for referring your patient to the advanced endoscopy program at the University of Kentucky. Please understand that, due to the complexity of both the clinical circumstances and the endoscopic procedures, we are unable to offer these services by direct physician order. The information you provide will be evaluated by our advanced endoscopy physicians, who may contact you for further discussion or additional records if necessary. We will communicate our recommendations to you. To ensure this request is processed as quickly as possible, please follow the instructions outlined below. We appreciate your referral and look forward to working with you and your patients.

Order Instructions:

- Complete all sections of this form.
- The Endoscopy schedulers will contact each patient by phone. Once the procedure is scheduled, we will inform the referring physician's office of the date and time.
- If the schedulers are unable to reach a patient, a letter will be faxed informing the referring provider.
- Please allow 24-72 hours for our coordinators to contact and schedule the patient.
- Incomplete requests will delay scheduling; please include all required medical records requested below.

About UK Healthcare Advanced Endoscopy

The advanced endoscopist who reviews the records will suggest whether an outpatient consultation prior to the endoscopy is necessary, and may contact you to further discuss the patient. Once the procedure has been performed, a report and interpretation of findings will be sent to the Referring Provider. Additional reports (such as biopsy and cytology) from specimens obtained during the procedure will also be available when finalized. When indicated, the endoscopist will contact the Referring Provider after the exam to discuss the findings and further follow up. In general, unless a full consultation has been performed we will ask the Referring Provider to remain responsible for the patient's care. However, our team will be happy to work with subsequent providers to ensure a smooth transition of care and to provide further recommendations for follow up which are appropriate to the endoscopy findings. Please call us through UKMDs at 1-800-888-5533 for any questions or concerns. Thank you for allowing us to participate in your patient's care.

| Patient Information | | |
|------------------------|----------------|------------------------|
| First name | Middle initial | Last name |
| Address | | |
| City | State | Zip code |
| Email | | DOB |
| UK MR# (if applicable) | | Social Security Number |
| Phone (home) | Phone (work) | Phone (mobile) |
| Insurance company | | ID number |

| Referring Provider Information |
|---|
| Name of practice |
| Name of ordering provider |
| Title (MD, DO, APRN, PA) |
| Phone number |
| Fax number |
| Address |
| City |
| State |
| Zip code |
| Name of representative completing this form |

Required Information:

Please fax the required medical records listed below pertaining only to the reason for the patient's referral.

- | | | |
|---|---|---|
| <input type="checkbox"/> Copy of Insurance Card (front and back) | <input type="checkbox"/> Recent Progress Notes | <input type="checkbox"/> Procedure Notes (Endoscopic, OP, etc.) |
| <input type="checkbox"/> History & Physical (if H&P not performed in your office, please obtain from PCP) | <input type="checkbox"/> Radiology (CT, MRI, MRCP*, Ultrasound, Other Radiological Reports) | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Previous Gastric Surgery (provide records) | <small>*Magnetic Resonance CholangioPancreatography</small> | <input type="checkbox"/> Recent Labs (within 60 days) |
- Procedure Requested:
 ERCP
 Upper EUS**
 Lower EUS**
 Halo/Barrx
 EMR***
 Other Advanced Procedure
Endoscopic Ultrasound *Endoscopic Mucosal Resection

Indication for Procedure (please do not use rule out) _____

Physician to Perform Procedure (or 1st Available) _____

This form can be found online on the UK Physician Portal