UK HealthCare

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- 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.

- ❑ Copy of Insurance Card (front and back)
- ❑ History & Physical (if H&P not performed in your office, please obtain from PCP)
- ❑ Previous Gastric Surgery (provide records)
- ❑ Recent Progress Notes
- ❑ Radiology (CT, MRI, MRCP*, Ultrasound, Other Radiological Reports)
  *Magnetic Resonance CholangioPancreatography
- ❑ Procedure Notes (Endoscopic, OP, etc.)
- ❑ Pathology
- ❑ 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