

Today's Date:

Procedure Date and Time:

(instructions on reverse side)

Section 1A: TO BE COMPLETED BY PHYSICIAN Check one: <input type="checkbox"/> UF & Shands MD <input type="checkbox"/> External MD CHECK ALL THAT APPLY <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">History/System Review</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> <tr><td>Physical Exam: WNL</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cardiac/Vascular Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pulmonary/Respiratory Impairments (OSA)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Kidney/Renal Impairments.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Seizure/Stroke</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pregnant</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Hypertension</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Liver Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Diabetes.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Bleeding Disorder.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Previous Surgery (Transplant).....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Psych/Addictive Disorder</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Problems/Adverse Reactions to Sedation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> Describe: _____ Current Weight: _____ Food/Drug Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Yes <input type="checkbox"/> Soy <input type="checkbox"/> Nuts <input type="checkbox"/> Eggs Current Medications: <input type="checkbox"/> Attach list ASA Classification: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (See Reverse Side)	History/System Review	Yes	No	Physical Exam: WNL	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac/Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary/Respiratory Impairments (OSA)	<input type="checkbox"/>	<input type="checkbox"/>	Kidney/Renal Impairments.....	<input type="checkbox"/>	<input type="checkbox"/>	Seizure/Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	Previous Surgery (Transplant).....	<input type="checkbox"/>	<input type="checkbox"/>	Psych/Addictive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Problems/Adverse Reactions to Sedation	<input type="checkbox"/>	<input type="checkbox"/>	Section 2A: TO BE COMPLETED BY CLERK Patient Status: <input type="checkbox"/> IP <input type="checkbox"/> OP <input type="checkbox"/> R99 # _____ Patient Name: _____ DOB: _____ Shands UF MR#: _____ or SS#: _____ Ph (H) _____ (W) _____ (Cell) _____ Address: _____ Section 2B: Contact & MD Information Contact Name: _____ Ph #: _____ Ordering MD: _____ MD#: _____ Service: _____ Clinic: _____ Section 2C: External MD, PCP, or Referring MD info Referring or Attending MD: _____ UPIN #: _____ Service: _____ Clinic: _____ Address: _____ Phone: _____ Fax _____
History/System Review	Yes	No																																									
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Section 1B: Indication & MD Signature	Anesthesia Plan: <input type="checkbox"/> Conscious Sedation <input type="checkbox"/> MAC (Limited Availability)
Indication/Relevant Labs or ICD-9 Code: (R99 ICD9 = V70.7)	
*Ordering MD Signature _____ Date _____ Time _____	

Section 1C: Select Procedures requested. Routine Urgent* Emergent (same/next day)
 (*See reverse side for instructions)

	Shands Endoscopy Center 2001 SW 13th St., Gainesville, FL 32608 Scheduling Phone: 352-265-8982/ Fax: 352-265-8986 (Main 352-265-8982)		Shands at UF Endoscopy Suite Rm 7273 1600 SW Archer Rd, Gainesville, FL 32610 Phone: 352-265-0424 Fax: 352-265-0163		Shands at UF GI Lab Rm 7266 1600 SW Archer Rd, Gainesville, FL 32610 Phone: 352-265-0048 Fax: 352-265-6986
		45378 <input type="checkbox"/>	Colonoscopy - 7-day notice & Prep req'd.	91010 <input type="checkbox"/>	Esophageal Manometry
G010 5+ G0121 <input type="checkbox"/>	Screening Colonoscopy - 7-day notice & Prep req'd.	G010 5+ G0121 <input type="checkbox"/>	Screening Colonoscopy	91122 <input type="checkbox"/>	Rectal Manometry
45380 <input type="checkbox"/>	Colonoscopy - Diagnostic - 7-day notice & Prep req'd.	45330 <input type="checkbox"/>	Flex Sig - Prep req'd.	90911 <input type="checkbox"/>	EMG Biofeedback
		43239 <input type="checkbox"/>	EGD - Upper Endoscopy	91020 <input type="checkbox"/>	Gastric-Small Bowel <input type="checkbox"/> 6-hr Baseline w/ FED state or <input type="checkbox"/> Therapeutic- 24-hr short stay
43239 <input type="checkbox"/>	EGD - Upper Endoscopy	43249 <input type="checkbox"/>	EGD for Dilation of Esophagus	91034 <input type="checkbox"/>	24-hr pH study Traditional: <input type="checkbox"/> On PPI <input type="checkbox"/> Off PPI
		43246 <input type="checkbox"/>	G-Tube <input type="checkbox"/> Change <input type="checkbox"/> Place	91035 <input type="checkbox"/>	48-hr pH study Bravo w/: EGD (43241) <input type="checkbox"/> On PPI <input type="checkbox"/> Off PPI
45330 <input type="checkbox"/>	Flex Sig - 7-day notice & Prep req'd.	44376 <input type="checkbox"/>	Small Bowel Enteroscopy	89135+ 74340 <input type="checkbox"/>	Basal Gastric Analysis
			Liver procedures:	89105+ 74340 <input type="checkbox"/>	Secretin Test for Pancreatic Fix (Medicare: Need ABN)
Other:	Describe Below.	47000 <input type="checkbox"/>	Liver Biopsy (Note: Within 14 days of bx- Platelets and PT w/INR)	82938+ J349006 <input type="checkbox"/>	Secretin Infusion (Gastrin Levels to r/o Z/E)
		49080 <input type="checkbox"/>	Paracentesis	83520 <input type="checkbox"/>	Sitzmarker (Complete Radiology form for X-ray)
		43260 <input type="checkbox"/>	ERCP 43263 <input type="checkbox"/> w/SOM <input type="checkbox"/> w/SPY	91299 <input type="checkbox"/>	5-hr D-xylose Urine Collection (Complete OP Lab Form)
		43228 <input type="checkbox"/>	PDT Therapy	78268 <input type="checkbox"/>	14C D-xylose Breat Test (r/o Sml Bwl Overgrwth)
			Endoscopic Ultrasound	83013 <input type="checkbox"/>	H. Pylori Breath Test*
		43259 <input type="checkbox"/>	Upper EUS 43242 <input type="checkbox"/> w/FNA	91065 <input type="checkbox"/>	Hydrogen Breath Test (e.g., Lactose intolerance)
		45341 <input type="checkbox"/>	Rectal EUS 45342 <input type="checkbox"/> w/FNA	83520 <input type="checkbox"/>	Trypsin (Drawn by OP Lab; Drawn by GI Endo or Lab if pt. is scheduled for GI Unit procedure)
		91110 <input type="checkbox"/>	Capsule Endoscopy 43241 <input type="checkbox"/> EGD for placement	91299 <input type="checkbox"/>	Prometheus* (Complete Prometheus and OP Lab Form)

Patient Name: _____ Patient Identification #: _____



Procedure Request / History
GI Endoscopy / GI Lab

Distribution: White – Clinic to fax to GI/HIRM;
 Yellow – Clinic Chart or Patient

GI Procedure Scheduling

Important Reminders/Instructions for Completing PROCEDURE REQUEST FORM

Section 1: To be completed by the physician

Current Patient Health Information (PHI) is a JCAHO requirement within 30 days of the date of service (DOS). It is critical to the referral process to provide the following:

- 1A completed; or provide H & P or clinic note that includes the elements of 1A.
- 1B:
 - Indication: Write in any special concerns/needs (e.g., "patient is diabetic," or "urgent appointment needed," or "appointment needed within 2 weeks," in the Indication section).
 - Anesthesia Plan: Conscious sedation is generally used at SUF but anesthesia is the norm at SEC. If your patient has had an adverse reaction to conscious sedation, please check "Anesthesia" so the resource can be coordinated (if scheduling at SUF is required).
 - MD Signature is REQUIRED:
- 1C: Select Routine, Urgent, or Emergent, and check the procedure(s) requested.

<i>The American Society of Anesthesiologists' Physical Status Classification (ASA Classes)</i>	
Classification	Description
Class 1	A healthy patient No organic, physiologic, biochemical, or psychiatric disturbance
Class 2	A patient with mild systemic disease <i>Examples:</i> chronic bronchitis; moderate obesity; diet-controlled diabetes mellitus; old myocardial infarction; mild hypertension; anemia
Class 3	A patient with severe systemic disease that is not incapacitating <i>Examples:</i> coronary artery disease with angina; insulin-dependent diabetes mellitus; morbid obesity; moderate to severe pulmonary insufficiency
Class 4	A patient with incapacitating systemic disease that is a constant threat to life <i>Examples:</i> organic heart disease with marked cardiac insufficiency; persisting angina; intractable arrhythmia; advanced pulmonary, renal, hepatic, or endocrine insufficiency; CHF
Class 5	A moribund patient not expected to survive for 24 hours with or without operation <i>Examples:</i> ruptured abdominal aneurysm with profound shock
Emergency (E)	The suffix E is used to denote the presumed poorer physical status of any patient in one of these categories who is operated on as an emergency (e.g., 2E)

Section 2: To be completed by the clerk

- UF & Shands physician referring for a procedure, please record the clinic contact and the phone number.
- External physician, who has never referred a patient to Shands UF for a GI procedure, complete all information for this section. Once the external physician is established in our database, only the name/signature/UPIN# and fax number are required (for results to be communicated).
- For a Shands patient, please verify that the information that we have in IDX is current for address and home phone. Current Patient Demographic Information is required: for a new patient, please complete all required fields, and fax a copy of the insurance cards.

REQUESTING MD INSTRUCTIONS – FAX REQUEST TO (352) 265-0163

A. Patient **IS NOT ELIGIBLE** to be seen at the Shands Endoscopy Center if:
1) Weight is greater than 300 lbs (BMI greater than or equal to 40 [Height (cm²)/Weight (kg)]), or
2) Has head or neck immobility or upper airway problems
3) Needs specialty services available only at SUF.
If any of these Outpatient Center exclusions apply, call (352) 265-0424 for real-time scheduling appointment at Shands at UF Endoscopy Suite.

B. Patient **MAY BE ELIGIBLE** to be seen at Shands Endoscopy Center if:
1) Cardiac/vascular disease, hypertension, angina, arrhythmia, CHF (EF less than 40%)
2) Pulmonary/respiratory impairments (OSA), COPD, sleep apnea
3) Kidney impairments
4) Seizure/stroke/psych/addictive disorder
5) Transplant/liver disease/bleeding disorder/esophageal varices
6) Allergy to soy, nuts, or eggs
If any of the above apply, the patient must either call (352) 265-8982 or visit the Center for an evaluation between 1 pm to 4 pm, Monday through Friday.

Note: Upon being evaluated by the Center clinical staff, the appointment will be made at the location best suited to the patient's clinical condition.

C. Patient **IS ELIGIBLE** to be seen at Shands Endoscopy Center if they are classified as normal healthy or as having mild, stable systemic disease. Call (352) 265-8982 for real-time scheduling appointment at the Shands Endoscopy Center.

PATIENT INSTRUCTIONS **SHANDS ENDOSCOPY CENTER (B, C)** **SUF ENDO (A)**

Your referring physician has faxed a request to Shands Endoscopy for an endoscopic procedure. You may have been given an appointment – see below for date/time/location. If you have not received a date/time, please schedule an appointment to be seen by calling or visiting the Shands Endoscopy Center.

1. If your physician has checked the Shands Endoscopy Center box above, contact the Center:
Call toll-free at (800) 749-7424, ext. 5-8982, or local (352) 265-8982
Or visit the center, from 1 pm to 4 pm, Monday through Friday, at:
2001 SW 13th Street, Gainesville, FL 32608
2. Patients not scheduled at the Outpatient Center are scheduled with Shands at UF Endoscopy/Lab at 1600 SW Archer Road, 7th Floor, GI Suite. Follow prep instructions and/or call (800) 749-7424, ext. 5-0424, or local (352) 265-0424 with questions.

(See maps to the 2 different locations on the back of this form.)

Scheduled for _____ on _____ at SEC or SUF Endo.
(Procedure) (Date/Time)

1. No blood thinners within 7 days of appointment. If you are on Coumadin, your prescribing physician needs to give you instructions.
2. Bring a driver.
3. If scheduled for a colonoscopy, you will need to take an oral prep. Prep prescription and instructions can be mailed (7 days' notice) or picked up at the center.

MAP TO SHANDS ENDOSCOPY CENTER AND SHANDS AT UF ON BACK



Procedure Request / History
GI Endoscopy / GI Lab

Patient Name: _____ Patient Identification #: _____

Colon cancer is a leading treatable cause of death.

Screening and surveillance colonoscopy significantly reduce death rates from colorectal cancer.

Don't be a statistic! Follow your doctor's instructions to be tested.

To Schedule or Verify an Appointment

Driving Directions



**SHANDS AT THE UNIVERSITY OF FLORIDA –
ENDOSCOPY SUITE AND GI LAB**
1600 SW Archer Road
Gainesville, FL 32610
Call (352) 265-0424.

From I-75, take exit #384 to Archer Road.
Travel east on Archer Road, approximately 3 miles.
Shands at the University of Florida is on the left.
GI Reception: 1st Floor
GI Suite: 7th Floor



SHANDS ENDOSCOPY CENTER
2001 SW 13th Street
Gainesville, FL 32608
Call (352) 265-8982 or visit the Center.

From I-75, take exit #384 to Archer Road.
Travel east on Archer Road, approximately 3 miles
to SW 13th Street (U.S. Hwy 441).
Turn right onto SW 13th Street.
Shands Endoscopy Center is a half-mile on the left.

