HealthCare

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics

# OPEN ACCESS ORDER FOR UPPER AND LOWER ENDOSCOPY

## Endoscopy

Phone: 859-323-0374
Fax: 859-257-9843

Thank you for consulting with the UK HealthCare Endoscopy Center.
To ensure this order 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:**

1. Complete all sections of this form. Please note, this form serves as an official order and must be fully completed and signed by the patient's medical provider. **Incomplete or illegible forms or forms submitted without an official signature will be returned for completion.**
2. Fax page 2 of this form to 859-257-9843 (do not fax page 1). Please include only the patient's last H&P and any lab results taken within the last 30 days.
3. The Endoscopy Center will attempt to contact each patient for scheduling by phone. When the Endoscopy Center is unable to reach a patient, a letter will be sent informing the referring provider.
4. Providers referring self-pay patients will be required to complete a Physician Determination form to determine the urgency of the requested procedure. To obtain a copy of the Physician Determination form, please call (859) 323-0374 or email endosch@uky.edu.
5. If multiple patients are referred at one time, each order must be faxed individually.
6. Procedures will only be scheduled when the Endoscopy Center receives a signed and completed order form from the referring provider.
7. When patients taking nonsteroidal antiinflammatory drugs (NSAIDs), anticoagulants or antiplatelet drugs are referred, **the Endoscopy Center expects the Referring Provider to discuss how patients should adjust their medication in preparation for the procedure.**

NOTE: If your patient requires immediate endoscopic care, please have the requesting provider call UK-MDs at 800-888-5533 and ask to speak with the gastroenterologist on call.

**Locations:**

For your convenience, the UK HealthCare Endoscopy Center operates facilities at UK Chandler Hospital and UK Good Samaritan Hospital in Lexington, KY. Patients may be scheduled at either facility depending on availability and patient preference. For information about where your patient's procedure will be performed, please call 859-323-0374.

**UK Chandler Hospital**
800 Rose Street
Lexington, KY 40536

**UK Good Samaritan Hospital**
310 South Limestone
Lexington, KY 40508

**About UK HealthCare Open Access Endoscopy**

UK HealthCare Open Access Endoscopy is available to expedite patient care when Referring Providers feel that the indication for an endoscopic procedure is straightforward. Patients referred through Open Access Endoscopy must be in stable, good health (ASA level I or II) and should not require a thorough evaluation by a gastroenterologist.

At the time of endoscopy, the attending physician in the Division of Digestive Diseases and Nutrition will obtain a brief history and physical of the patient to determine the medical safety of the procedure and to confirm the indication. Patients referred through the UK HealthCare Open Access Endoscopy do not receive a full consultation.

Once the procedure has been performed, a report and interpretation of findings will be mailed to the Referring Provider and available on the UK Physician Portal. Additional reports (such as biopsy and cytology) from specimens obtained during the procedure will be forwarded when available. Patients will also receive a letter stating the findings for pathology.

When referred via Open Access, the Referring Provider remains responsible for the patient's care, interpreting medical treatment, and arranging subsequent referral or treatment. Members of the Division of Digestive Diseases and Nutrition will provide recommendations for follow up and advice when appropriate based on the abbreviated history obtained from the patient and are available for discussion and consultation through UK-MDs at 1-800-888-5533.

**Please note, this is page one of a two-page form.**

This form can be found online on the UK Physician Portal.

HealthCare

- University of Kentucky A.B. Chandler Hospital
- UK HealthCare Good Samaritan Hospital
- UK HealthCare Ambulatory Services
- UK Dental and Oral Health Clinics

# OPEN ACCESS ORDER FOR UPPER AND LOWER ENDOSCOPY

Phone: 859-323-0374
Fax: 859-257-9843

| **Patient Information** | | | **Referring Provider Information** | |
|---|---|---|---|---|
| First name Middle initial Last name | | | Name of referring provider MD / DO / PA / APRN | |
| Address | | | Phone number | |
| City State Zip code | | | Fax number E-mail | |
| E-mail | | | Address | |
| UK MR # (if applicable) | Date of Birth | | City State Zip code | |
| Phone (home) Phone (work) Phone (mobile) | | | Name of representative completing form | |
| Insurance company ID number | | | **Preauthorization number (required for procedure to be scheduled):** | **Diagnosis Code:** |

**Last Colonoscopy:** Date _____ Facility _____ q None

**Consent:** q Competent Adult q Family / Guardian available to sign q Interpreter

**NSAIDs, Anticoagulants or Antiplatelet Drugs:** q Regularly q Intermittent q None

**Iron or Multi-Vitamin with Iron:** q Yes q No *(patient must be off iron supplement at least 10 days prior to colonoscopy)*

**Please indicate below the procedure(s) to be done.** ***Please check all that apply.***

**(Colonoscopy for colorectal cancer screening / surveillance)**

Personal History

q Colon adenoma q Colon cancer

High Risk Individual

q Family history 1st degree relative

q Family history 2nd degree relative

**(Video Capsule Endoscopy -- small bowel)**

*(patient must have EGD and endoscopy for approval by many insurance companies)*

EGD date _____ Colonoscopy date _____

Facility _____

Reason for test: *(Please check all that apply)*

q Abnormal imaging q Occult or Obscure GI bleed

q Iron deficiency

(If patient has active nausea & vomiting will need further evaluation)

**(Colonoscopy for colorectal cancer screening in STANDARD RISK individual)**

q Screening required due to age > 50 Patient age _____

**(Diagnostic colonoscopy for one or more of the following)**

***Check all that apply***

q Abdominal pain
q Abnormal GI imaging
q Heme (+) stool
q Iron deficiency anemia
q Changes in bowel habits
q Diarrhea
q Hematochezia / Melena
q GI blood loss

**(Upper GI Endoscopy for one or more of the following)**

***Check all that apply***

q Abdominal pain
q Weight loss
q Nausea
q Blood in stool
q Anorexia
q Iron deficiency anemia
q Reflux
q Esophageal varices
q Established UGI malignancy:
Site: _____
q Heartburn
q Hematemesis
q Dysphagia
q Vomiting

**Physician Signature** *(required)* _____ Date _____ Time _____

**PLEASE NOTE:** This form can be found online on the UK Physician Portal

*To refer a patient for an ERCP or EUS, please call **859-323-7530 or 859-257-3401**