UF Health GI / Endoscopy
GI Procedure Order (External Provider)

Scheduling phone: 352.265.3636
Scheduling fax: 352.627.4074

Please complete patient information below, or attach patient demographic information prior to fasting.

Patient's Name – Last: ______________________ First: ______________________ MI: ______

DOB: _____/_____/________

Home #: ______________________ Work #: ______________________ Cell #: ______________________

Referring Provider (Print Name): ______________________ Office Phone #: ______________________

Priority Level: ☐ STAT (Within 5 days) ☐ Urgent (1-2 weeks) ☐ Routine

COLONOSCOPY

☐ Screening: 50 years or older average age risk
- No personal/family history of polyps or cancer
- Should be 10 years from last colo, or 4 years from last flex sig unless mitigating factors per Medicare guidelines

☐ Diagnostic (state indication below)

SPECIFIC INDICATIONS

☐ Personal history of polyps
Type: ______________________
Colonoscopy date: ______________________

☐ Personal history of colorectal cancer
Last colonoscopy date: ______________________

☐ Personal history of inflammatory bowel disease
☐ Colon cancer surveillance ☐ Diagnosis

☐ Family history of colorectal cancer or polyps
Relation: ______________________ Age at dx: ________
Relation: ______________________ Age at dx: ________

☐ Fecal occult blood positive

☐ Iron deficiency: If colonoscopy does not reveal bleeding source (melena or IDA), do you want an EGD done at the same time?
☐ Yes ☐ No

☐ Hematochezia (rectal bleeding)

☐ Evaluation of abnormality on barium enema or other pertinent test, describe: ______________________
____
____

☐ Other, describe: ______________________
____
____
____

☐ *The referring physician approves the appropriate bowel cleansing solution and preparation per GI protocol if required for procedure*

PATIENT SAFETY

For patient safety reasons, please include the following information on your patient:

☐ List of medications
☐ Surgical and medical history

EGD (UPPER ENDOSCOPY)

☐ Upper abdominal distress/dyspepsia
☐ 50 year old ☐ Failure after test/treatment

☐ Dysphagia / Odynophagia (circle one)

☐ Gastrointestinal bleeding / iron deficiency with suspected upper GI source

☐ Barrett's esophagus surveillance
Date of last EGD: ______________________

☐ Other, please be specific: ______________________

HEPATOLOGY / LIVER RELATED

☐ Paracentesis*
☐ Liver biopsy*

*Request will be reviewed by Hepatology Attending

ADVANCED PROCEDURE

(To be reviewed by an Advanced Endoscopist prior to scheduling)

EUS*: Upper EUS ☐ Rectal EUS ☐

☐ ERCP* ☐ ERCP with Cholangioscopy* (SpyGlass)

☐ Per-oral endoscopic myotomy (POEM)*

☐ Endoscopic submucosal dissection (ESD)*

☐ Small bowel Enteroscopy*: Push ☐ (does not require review)
Spirus antegrade ☐ Spirus retrograde ☐

☐ Capsule* ☐ Capsule with EGD placement*

*Please include all notes pertaining to diagnosis along with radiology reports and disks.

☐ Indication: ______________________

______________________ ______________ ______________ ______________
Ordering physician's signature (required) MD# Date Time

Patient Name: Patient Identification #:

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