INTERVENTIONAL ENDOSCOPY PROCEDURE REQUEST FORM

PATIENT NAME & CONTACT INFORMATION: ____________________________________________

Brief description of the issue and request: ____________________________________________

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FAX FORM & RECORDS TO MARISSA BLOUCH BSN RN 717-531-4598 (PHONE 717-531-1470).
RECORDS WILL BE REVIEWED BY AN INTERVENTIONAL ENDOSCOPIST & DISPOSITIONED IN A TIMELY MANNER.
COMPLEX OR HIGH RISK PATIENTS MAY REQUIRE A CLINIC VISIT PRIOR TO PROCEDURE AS APPROPRIATE.

□ DIAGNOSE & RETURN TO ME  □ DIAGNOSE & MANAGE

CHECKLIST (TO ACCOMPANY REQUEST):

□ RECENT H&P or CLINIC NOTE
□ RELEVANT RADIOLOGY REPORT/ENDOSCOPY REPORT
□ INSURANCE & CONTACT INFORMATION
□ REQUESTS FOR EMR /ESD OR DEVICE ASSISTED SMALL BOWEL ENDOSCOPY REQUIRE COLOR IMAGES OF THE LESION (SENT, NOT FAXED)

LIST REFERRING PROVIDERS: _______________________________________________________

EUS-FNA:
□ DIAGNOSIS & STAGING OF GI MALIGNANCY/MASS (esophageal, mediastinal, gastric, pancreatic, biliary, liver, duodenal, rectal, submucosal mass, pancreatic cyst)
□ BENIGN EVALUATION OF PANCREAS, BILIARY SYSTEM (Ex: chronic pancreatitis, r/o choledocholithiasis)
□ EUS GUIDED ABLATION

ERCP:
□ BILIARY OR PanCREATIC ERCP
□ ERCP+ □ CHOLANGIOSCOPY (Spyglass), □ IHL, □ RFA, □ ERCP ASSISTED AMPULLECTOMY

□ EMR/ESD: COLON, GASTRIC, DUODENAL, OR ESOPHAGEAL

□ DEVICE ASSISTED SMALL BOWEL ENTEROSCOPY

□ TREATMENT OF BARRETT'S ESOPHAGUS WITH DYSPHASIA: (IF DYSPLASIA OR SUSPECTED INTRAMUSCOSAL CARCINOMA, PLEASE INCLUDE PATHOLOGY REPORT AND SECOND PATH REVIEW IF AVAILABLE.)

□ POEM: (REQUIRES CD OF BARIUM SWALLOW STUDY & COLOR IMAGES OF ESOPHAGEAL MANOMETRY)

□ LUMINAL STENTING: ESOPHAGEAL, DUODENAL, COLON

□ COMPLEX INTERVENTIONAL ENDOSCOPY, ENDOSCOPIC SURGERY: EUS-GUIDED CYSTOGASTROSTOMY, TRANSLUNENAL NECROSECTOMY/DEBRIDEMENT, ENDOSURGICAL REPAIR OF FISTULA OR DISRUPTION, TREATMENT OF ZENKER’S DIVERTICULUM, ETC.

OTHER: ___________________________________________________________________________