

**INTERVENTIONAL ENDOSCOPY**  
**PROCEDURE REQUEST FORM**

Division of Gastroenterology and Hepatology  
500 University Drive, MC-HU33, P.O. Box 850, Hershey, PA 17033-0850

**PATIENT NAME & CONTACT INFORMATION:** \_\_\_\_\_

**Brief description of the issue and request:** \_\_\_\_\_

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 DYSPLASIA:** (IF DYSPLASIA OR SUSPECTED INTRAMUSCULAR 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, TRANSLUMENAL NECROSECTOMY/DEBRIDEMENT, ENDOSURGICAL REPAIR OF FISTULA OR DISRUPTION, TREATMENT OF ZENKER'S DIVERTICULUM, ETC.

**OTHER:** \_\_\_\_\_