INTERVENTIONAL ENDOSCOPY
PROCEDURE REQUEST FORM

PATIENT NAME & CONTACT INFORMATION: ____________________________________________________________

Brief description of the issue and request: ____________________________________________________________

FAX FORM & RECORDS TO AMBER FINE 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 ERCPC
☐ 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 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, TRANSILUNENAL NECROSECTOMY/DEBRIDEMENT, ENDOSURGICAL REPAIR OF FISTULA OR DISRUPTION, TREATMENT OF ZENKER'S DIVERTICULUM, ETC.

OTHER: ______________________________________________________________________________________