PATIENT NAME & CONTACT INFORMATION: ____________________________________________

Brief description of the issue and request: ______________________________________________________________________________

____________________________________________________________________________

FAX FORM & RECORDS TO EILEEN GAGLIARDI 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
☐ REVELANT 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, duodenal, rectal, submucosal mass, pancreatic cyst)
☐ BENIGN EVALUATION OF PANCREAS, BILIARY SYSTEM (Ex: chronic pancreatitis, r/o choledocolithiasis)
☐ EUS GUIDED ABLATION

ERCP:
☐ BILIARY OR PANCREATIC ERCP
☐ ERCP+ ☐ CHOLANGIOSCOPY (Spyglass), ☐ IHL, ☐ RFA, ☐ ERCP ASSISTED AMPULLECTOMY

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

☐ DEVICE ASSITED 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, TRANSLUNENAL NECROSECTOMY/DEBRIDEMENT, ENDOSURGICAL REPAIR OF FISTULA OR DISRUPTION, TREATMENT OF ZENKER’S DIVERTICULUM, ETC.

OTHER: __________________________________________________________________________