



APPOINTMENT OR PROCEDURE REQUEST FORM

Fax to: 509-455-8828

DATE: _____

Requesting Physician/Provider: _____

Phone # / Ext: _____ Specialty/ Dept: _____

PATIENT INFORMATION:

Name: _____ DOB: _____

Phone/ Work: _____ Home: _____ Cell: _____

RWC MR# _____ Insurance: _____

APPOINTMENT/ PROCEDURE REQUESTED:

- EGD
- Colonoscopy
- Consultation
- Capsule Endoscopy

REASONS FOR PROCEDURE:

- Heme Positive Stool
- Screening Colonoscopy
- First Degree Relative < 60 years with colon polyps or colon cancer.
- Problematic dyspepsia/GERD/? Barrett's
- Rectal Bleeding
- Other _____

CLINICAL INFORMATION: (Please append appropriate documents)

- Recent chart notes, along with current problem list and pertinent lab work.
- Patient weight is over 350 lbs and/or non weight bearing.
- STABLE FOR MODERATE SEDATION (cardiovascular & pulmonary status stable).
- Patient on Coumadin/Plavix.
 - ACC assistance requested.
 - Referring provider will manage Coumadin and Lovinox bridging.
- Pathology/previous pathology.
- Does patient need pre-medication?

Rockwood Clinic Gastroenterology & Hepatology provides a full range of consultations, diagnostic and therapeutic endoscopy as well as specialty clinical care. For information or to make a referral, please call or fax us at: Sacred Heart Doctors Building, 105 W Eighth Avenue, Suite 7050, Spokane WA 99204