

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 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 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 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, TRANSLUMINAL NECROSECTOMY/DEBRIDEMENT, ENDOSURGICAL REPAIR OF FISTULA OR DISRUPTION, TREATMENT OF ZENKER'S DIVERTICULUM, ETC.

OTHER:
