



10103 Ridgeway Parkway, Suite 312A
Lone Tree, CO 80124

9397 Crown Crest Blvd, Suite 221
Parker, CO 80138

499 East Hampden, Suite 420
Englewood, CO 80113

REFERRAL FORM

SCHEDULING PHONE: (303) 788-8888

Fax: (303) 790-2567 or (303) 788-6452

Patient Name: _____

Referring Provider: _____

DOB _____

Phone _____

Home phone _____

Cell phone _____

Patient Email: _____

*****PLEASE ATTACH THE BELOW SO AS NOT TO DELAY SCHEDULING OF PATIENT:**

1) PATIENT DEMOGRAPHIC AND INSURANCE SHEET

2) RECENT H&P, OFFICE VISIT NOTES AND PERTINENT LABS

We will be happy to schedule a Colonoscopy and or EGD for reasonably healthy patients for the indications below. An office Consultation is strongly recommended for anything outside of these parameters.

EGD:

- Known Barrett's Esophagus
- GERD or Chronic heartburn (>6 months) to screen for Barrett's Esophagus
- Dysphagia or known Esophageal stricture for re-dilation
- Odynophagia

Colonoscopy: (ages up to 75)

- Average risk screening: African American: ≥ 45 years old. Caucasian: ≥ 50 years old.
- High risk screening: Start at age 40 for family history of colon cancer or adenoma in 1st degree relative < 60 years old **or** 2 or more 2nd degree relatives **/OR** 10 years below the youngest affected relative.
- Surveillance of previous adenoma or Colon cancer
- Positive Hemocult (FOBT) or Cologuard
- Chronic diarrhea or constipation (> 8 weeks in duration)
- Mild, rectal bleeding (40 years, up to 75 years old)

Office Consultation Requested:

- Diagnosis code: _____
- Briefly summarize reason for consult: _____