

WELCOME TO OUR PRACTICE

Please fill out this form from your desktop or mobile device, save it, send it to gastro@gio.care, or print to fill it out by hand and fax it to (407) 201-3739.

Direct Access Referral Form

EGD and Colonoscopy

Name of the person filling this form: PATIENT INFORMATION Name: Date of Birth:/ Phone: () QUESTIONS AND ANSWERS Which patients are eligible for direct access endoscopy?: - Medically stable adult ambulatory patients with accepted indications for EGD or colonoscopy Which patients are not eligible for direct access?: - Acute bleeding - Patients with multiple medical problems - People with past GI surgeries - People with previous complications after EGD or colonoscopy - People with recent diverticulitis - Patients who need advanced GI procedures such as APC, Ablation, EMR, ERCP, EUS COLONOSCOPY Average risk screening colonoscopy High risk screening colonoscopy Occult blood positive Abnormal barium enema Abnormal imaging		
Phone: ()	Name:	
PATIENT INFORMATION Name:	Phone (Office): ()	Fax: ()
Name:	Name of the person filling this form:	
Phone: ()	PATIENT INFORMATION	
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High risk screening colonoscopy Occult blood positive Abnormal barium enema Dyspepsia Chronic deficiency anemia Abnormal imaging	COLONOSCOPY	ENDOSCOPY INDICATIONS
Occult blood positive Chronic deficiency anemia Abnormal barium enema Abnormal imaging	Average risk screening colonoscopy	GERD
Abnormal barium enema Abnormal imaging	High risk screening colonoscopy	Dyspepsia
	Occult blood positive	Chronic deficiency anemia
Other Other	Abnormal barium enema	Abnormal imaging
	Other	Other