

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

REFERRAL PHYSICIAN INFORMATION

Name: _____

Phone (Office): () _____ - _____ - _____ Fax: () _____ - _____ - _____

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 High risk conditions
- 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

Other _____

ENDOSCOPY INDICATIONS

GERD

Dyspepsia

Chronic deficiency anemia

Abnormal imaging

Other _____

Signature _____

Date: ____/____/____