

# Request Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ MRN (office use only) \_\_\_\_\_

Please send or fax the following in addition to this request form:

- **Copy of most recent clinic notes relating to indication for this request or  in Epic.**
- **Current medication list and updated problem list**
- **Any previous procedure, labs or test reports performed at non-UVM Medical Center facility**

Please provide all the following information as this will expedite the booking process

<b>Patient's Phone - Circle Preferred Number</b>  Home _____ Mobile _____ Work _____	<b>Referring Physician:</b> _____ <b>Point of contact:</b> _____ <b>Office phone #:</b> _____
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Requested Service:  Colonoscopy  EGD  Consult  Other \_\_\_\_\_

Time Frame:  Routine  Urgent  Emergent

**Screen, Dx or Clinical Indication :** \_\_\_\_\_

(Must Complete to Proceed)

Specific Provider Preference or Any? \_\_\_\_\_

Anesthesia support may be necessary for Procedures (Colonoscopy, Endoscopy, etc)  
 If any of these indications apply (*please check "Yes" or "No" for all*):

YES	NO	
		Severe cardiac or pulmonary disease, or Home O <sub>2</sub>
		Is patient on chronic narcotic or anxiety medication? If so, _____
		Active chemical dependency (alcohol or illicit drugs)? If so, _____
		Use of MAO inhibitor?
		Anxiety, difficulty with sedation or required anesthesia in the past?
		Other (please describe):
		Is patient taking aspirin, Plavix, Warfarin, NSAIDS, ACE inhibitors, ARBs, diuretics?
		Is there a history of CHF, chronic renal failure, or dialysis?
		Does patient have a pacemaker?
		Is this patient diabetic?

\* **Special Needs**  None  Hoyer  Interpreter  Difficult IV **Other** \_\_\_\_\_

Signature of requesting provider: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and credentials of requesting provider: \_\_\_\_\_

**Please complete and return to our office by fax or mail. Fax: 802-847-0347. If questions, call 802-847-8865**  
**Address: UVM Medical Center Gastroenterology @ MP5 - 111 Colchester Ave - Burlington, Vermont 05401**

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\*Preparation disclaimer: The incidence of Acute Nephropathy with Sodium Phosphate preps is low in the general population. Higher risk is seen in the elderly, and in patients taking ACE inhibitors, ARBs, NSAIDS, diuretics or when patient alters dosing and re-hydration instructions. Please contact our office if you have concerns about your patient's risk regarding the use of Sodium Phosphate for colon preparation.

This material is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure by application law. If the reader of this message is not the intended recipient or the employee or **agent responsible for** delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is not permitted. Please destroy the document if you are not the intended recipient. Thank you.

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