ENOSCOPIY REQUEST FORM

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

- Copy of most recent clinic notes relating to indication for this procedure or ✓ in Prism.
- Current medication list and updated problem list.
- Any previous Endoscopy reports performed at non-UVM Medical Center facility.

PLEASE PROVIDE THE FOLLOWING INFORMATION AS THIS WILL EXPEDITE THE BOOKING PROCESS.

*** PLEASE FILL OUT ALL SECTIONS. THANK YOU.***

Today's Date: __________________________ Referring Physician: __________________________
Patient's phone #s ( H) ____________________  Point of contact: ____________________________
(C) ____________________  Office phone #: ___________________________
(W) ____________________

Requested Procedure

☐ Colonoscopy  ☐ EGD  ☐ Other ____________________________

Time Frame: ☐ Routine  ☐ Urgent  ☐ Emergent

Clinical Indication: _____________________________________________

Gastroenterologist Preference or any? __________________________________

Patient's Medical History:

Anesthesia support may be necessary if any of these indications apply (please check “Yes or No” for all):

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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Severe cardiac or pulmonary disease?
Is patient on chronic narcotic or anxiety medication? If so, __________________________
Active chemical dependency (alcohol or illicit drugs)? If so, __________________________
Use of MOA inhibitor?
Anxiety, difficult with sedation or required anesthesia in the past?
Other (please describe):

Other medical conditions we should be aware of:

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? Is yes, what?

Signature of requesting provider: __________________________ Date: __________________________
Print name and credentials of requesting provider: __________________________________________

*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.

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, 111 Colchester Ave., MP-5, Burlington, Vermont 05401

Department of Gastroenterology & Hepatology

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