

## PATIENT REFERRAL FORM (Effective 11/15/2024)

Date:	Keterring Provider Name	::Fax #
Patient Name:		D/O/B:
Please attach the following information for ALL referrals:		
Medicatio Medical h Surgical hi Labs done	istory istory in the last 30 days	Copies of <u>ALL</u> insurance cards front/back w/phone numbers Office notes or history and physical (less than 6-months old) Imaging reports Previous colonoscopy and/or EGD reports
Surgical Consultation		
Physician requested:Dr. HerreraDr. McBrideDr. LozierDr. SarazinAny		
Reason for referral / Diagnosis:		
Colonoscopy and/or EGD		
Physician requested: Dr. McBrideDr. LozierDr. SarazinAny		
Location Requested: UPHS Bell UP Surgery Center Any		
Procedure Requested: Diagnostic Colonoscopy Screening Colonoscopy EGD		
Colonoscopy/EGD procedure codes  G0121 Screening colonoscopy for patient at average risk (includes positive Cologuard or other fecal tests) G0105 Screening colonoscopy for high-risk patient (Pers hx or Fm hx polyps or colon CA, Lynch Syndrome) 45378 Diagnostic colonoscopy 43235 EGD		
Z12.11	_	bdominal pain and generic anemia are not covered diagnoses for colonoscopy)  R19.5 +Cologuard, +FIT, +Guaiac stool, Occult blood in stool  K92.1 Melena  K62.5 Rectal bleeding  R19.4 Change in bowel habits  R19.7 Diarrhea  D50.9 IRON DEFICIENCY anemia  Z15.09 Lynch Syndrome  Other

## **General Surgery**