

GI Procedures Order Form

MIM # 1224

Please provide the information requested and return via fax. For a pre-procedure clinic consultation, call (919) 966-6000.

Patient Information:

First Name: _____ Last Name: _____

UNC # _____ Birth Date: _____

Home phone: _____ Work/other phone: _____

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

Procedure(s) Ordered:

- EGD Colonoscopy Flexible Sigmoidoscopy Capsule Endoscopy * ERCP * Ileoscopy
- Upper EUS * Lower EUS * Push Enteroscopy Deep Enteroscopy * Pouch Exam
- Infra-Red Coagulation (IRC) of Hemorrhoids ** Other: _____

** Advanced procedures that are only performed at UNC Memorial Hospital and will only be scheduled after a GI physician reviews relevant notes, labs, pathology, and imaging reports (if not on webCIS). Please fax these records to 919-966-8764.*

*** Performed at Meadowmont only*

Indication for the procedure(s): _____

For screening or surveillance colonoscopy: Date of last procedure? _____ Where: _____

Special Request or instructions: _____

I certify that the diagnosis provided support the tests ordered and are medically necessary.

Requesting MD Signature: _____ ID#: _____ Date _____

MD Name (please print) _____ Phone: _____ Fax: _____

We are here to assist you. If you have any questions please call 919-966-5563

PROCEDURE SCHEDULED: Date: _____ / _____ / _____ Time: _____

Chart Location: Provider Orders