

## OUTPATIENT ENDOSCOPY SCHEDULING ORDERS

<b>CAMPUS:</b> <input type="checkbox"/> Petoskey <input type="checkbox"/> Cheboygan	<b>Preferred Provider:</b>
<b>STATUS:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Urgent	<b>SEDATION:</b> <input type="checkbox"/> MAC <input type="checkbox"/> GEN– Outpatient <input type="checkbox"/> NONE

### PATIENT INFORMATION

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MI:</b>
<b>DOB:</b>	<b>HEIGHT:</b> cm	<b>WEIGHT:</b> kg	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>STREET ADDRESS:</b>				
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP:</b>	
<b>PATIENT PHONE #:</b>			<b>PATIENT PHONE #:</b>	
<b>PATIENT EMAIL:</b>				

### INSURANCE INFORMATION

<b>INSURANCE COMPANY:</b>	<b>POLICY #:</b>
<b>ICD-10 DIAGNOSIS:</b>	<b>ICD-10 CODE:</b>

### COLONOSCOPY

<input type="checkbox"/> <b>Colonoscopy Diagnostic</b>	<b>CPT CODE:</b> 45378
<input type="checkbox"/> <b>Colonoscopy Screening</b> (select reason for screening)	<b>CPT CODE:</b> 45378
<input type="checkbox"/> A Personal History of Adenomatous Polyps <input type="checkbox"/> A Close Relative (Sibling, Parent, Child) who has had Colorectal Cancer <input type="checkbox"/> A Family History of Hereditary Nonpolyposis Colorectal Cancer <input type="checkbox"/> Inflammatory Bowel Disease (Crohn’s/Ulcerative Colitis) <input type="checkbox"/> A Family History of Adenomatous Polyposis <input type="checkbox"/> A Personal History of Colorectal Cancer	

### BOWEL PREP

<input type="checkbox"/> Standard Prep (Dulcolax/Miralax) <input type="checkbox"/> 2-Day Miralax Prep for Patients with <input type="checkbox"/> Constipation <input type="checkbox"/> Chronic Narcotic Use <input type="checkbox"/> Previously Failed or Poor Prep in the Past
Prescription given for <input type="checkbox"/> Nulytely or <input type="checkbox"/> Sutab or <input type="checkbox"/> Suprep For Patient with <input type="checkbox"/> Dialysis <input type="checkbox"/> Fluid Restriction <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Risk for Renal Failure <input type="checkbox"/> Liver Cirrhosis

### MEDICATIONS

<b>Anticoagulation/Anti-Platelet Medications:</b>
<input type="checkbox"/> Date to Stop:

### ENDOSCOPY

PROCEDURE	CPT CODE	PROCEDURE	CPT CODE
<input type="checkbox"/> Dilation of Esophagus (w/o EGD)	43450	<input type="checkbox"/> 48 hour pH monitor/Bravo	91033
<input type="checkbox"/> Esophageal Motility w Impedance	91010/91037	<input type="checkbox"/> Variceal Banding	43499
<input type="checkbox"/> Gastroscopy	43235	<input type="checkbox"/> Colon Decompression	45337
<input type="checkbox"/> Gastroscopy & Esophageal Dilation	43220	<input type="checkbox"/> Flexible Sigmoidoscopy	45330
<input type="checkbox"/> Gastroscopy & Bravo	43235/91033	<input type="checkbox"/> ERCP	43260
<input type="checkbox"/> Gastroscopy & PEG Tube Placement	43235/43246	<input type="checkbox"/> PEG Tube Replacement	43760
<input type="checkbox"/> Fluoroscopy	45378	<input type="checkbox"/> TIF	43210
<input type="checkbox"/> Ileoscopy via stoma	44382	<input type="checkbox"/> Other (Botox, Kenalog, Stent, etc.):	

### REFERRING PRACTICE

<b>RN/MA:</b>	<b>PHONE:</b>	<b>FAX:</b>
<b>REFERRING PROVIDER NAME:</b>		
<b>REFERRING PROVIDER SIGNATURE:</b>	<b>DATE:</b>	<b>TIME:</b>

**Fax Completed Form to: 231-487-3140**



Outpatient Endoscopy  
Scheduling Orders  
MNM 999.457



(9/28/2022)

