

PATIENT INFORMATION

Last Name: _____ First Name _____
 Date of Birth: ____/____/____ Gender: M F
 Address: _____
 City _____ State and Zip _____
 Chart # _____ Insurance (Please attach insurance sheet)

PART B: Provider Information - *Required*

Provider: _____
 Address: _____
 City _____ State _____ Zip Code _____
 Phone: _____ Fax: _____
 Signature _____

CLINICAL HISTORY/INDICATIONS

- | | |
|-----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Epigastric pain (R10.13) | <input type="checkbox"/> Abdominal pain (R10.9, R10.20, R10.30) |
| <input type="checkbox"/> Anemia (D64.9) | <input type="checkbox"/> Nausea (R11.0, R11.2) |
| <input type="checkbox"/> Dysphagia (R13.10) | <input type="checkbox"/> Heartburn (R12.0) |
| <input type="checkbox"/> Reflex esophagitis (K21.0) | <input type="checkbox"/> Gastric polyp (K31.7) |
| <input type="checkbox"/> Barrett's (K22.70) | <input type="checkbox"/> H pylori (B96.81) |
| <input type="checkbox"/> Gastric polyp (K31.7) | <input type="checkbox"/> Intestinal metaplasia (K31A0) |
| <input type="checkbox"/> IBD (K50.90, K51.90) | <input type="checkbox"/> Colon polyps (K63.5) |
| <input type="checkbox"/> Diarrhea (R19.7) | <input type="checkbox"/> Change in bowel habit (R19.4, K50.9) |
| <input type="checkbox"/> Weight loss (R63.4) | <input type="checkbox"/> Heme positive stool (K92.1) |
| <input type="checkbox"/> Constipation (K59.00) | <input type="checkbox"/> Gastrointestinal hemorrhage (K92.1) |
| <input type="checkbox"/> CRC screening (Z12.11) | <input type="checkbox"/> |

ENDOSCOPIC FINDING CODES

- | | | | | |
|--------------|------------------|--------------|------------|-------------|
| 1. Normal | 2. Hiatal hernia | 3. Erythema | 4. Erosion | 5. Ulcer |
| 6. Stricture | 7. Nodularity | 8. Polyp | 9. Mass | 10. Barrett |
| 11. Random | 12. Inflammation | 13. Ischemic | 14. Other | |

CLINICAL IMPRESSION CODES (r/o)

- | | | | |
|---------------|------------------------|-------------------------|--------------|
| 15. Barrett's | 16. Esophagitis | 17. EoE | 18. H pylori |
| 19. IM | 20. Atrophic Gastritis | 21. Celiac/Giardia | |
| 22. Ileitis | 23. Colitis | 24. Microscopic Colitis | |
| 25. Polyp | 26. Cancer | | |

Upper GI Specimen

	Upper esophagus	Lower esophagus	EG Junction	Cardia	Fundus	Body	Incisura	Antrum	Duodenal bulb	Duodenum, 2 nd portion	Other	Endoscopic findings (Use codes)	Clinical Imp (Use codes)
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SPECIMEN INFORMATION

Collection Date: ____/____/____
 Total Specimens: _____

Other: _____ Ampulla _____ Anastomosis

Lower GI Specimen

	Ileum	Cecum	Ascending	Hepatic flexure	Transverse	Splenic flexure	Descending	Sigmoid	Rectosigmoid	Rectum	Other	Endoscopic findings (Use codes)	Clinical Imp (Use codes)
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