

## Gastroenterology Consultation/Procedure Services Patient Referral Form

Patient Appointment Line: (800) USC-CARE, (323) 442-5100 // Motility Lab Appts (323) 442- // Fax: (323) 442-5625  
James Buxbaum MD, Ara Sahakian MD, Jacques Van Dam, MD/PhD Coordinator: Jessica (323) 442-0055  
Caroline Hwang MD, Sarah Sheibani MD, Thomas Zarchy MD Coordinator: Elizabeth (323) 442-7583  
Laurie DeLeve MD/PhD, Gregory idos MD, Michael Kline MD, Anisa Shaker Edy Soffer MD Coordinator: Irene (323)

**REFERRING MD:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### PATIENT INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_ **Gender:**  Male  Female

**DIAGNOSIS:** \_\_\_\_\_ **ICD10:** \_\_\_\_\_

**SPECIALTY AREA**  Interventional Endoscopy (*refer to page 2*)  Inflammatory Bowel Disease (*page 4*)

**REQUESTED:**  Esophageal/Motility Consults & Testing Lab (*page 3*)  General GI/Other

**Priority:**  Urgent (<48h)\*\*  Within 1 week  Within 2-4 weeks  Routine \_\_\_\_\_

\*\*Please call coordinator above

### **Relevant Medical History (please circle if applicable) :**

Sleep Apnea/COPD      Diabetes      CHF      CAD      Renal Failure

Mobility Issues      Implants      Anticoagulation      No Blood Transfusion

**Other Care Providers:** Primary MD \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cardiologist \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please fax this form, records, insurance information/authorization to (323) 442-5625, Attn GI**

**For Use by USC/Keck GI Staff**      Date Received: \_\_\_\_\_      MD Assigned: \_\_\_\_\_      Date Appt: \_\_\_\_\_      Initials: \_\_\_\_\_

## INTERVENTIONAL ENDOSCOPY

DIAGNOSIS: \_\_\_\_\_ ICD10: \_\_\_\_\_

REQUESTED MD

**First Available**     Dr. Van Dam     Dr. Buxbaum     Dr. Sahakian

REQUEST FOR (with authorization if needed):

**Office Visit:**     New Office Consultation (99245)     Followup Visit (99215)

**Procedure:**

(Please select based on patient history and procedure type)

Anesthesia (For patients with COPD, CHF, or on chronic narcotics AND all ERCP/Enteroscopy)  
 Upper (00740)     Lower (00810)

**EGD with:**     Barrett's ablation (43229, 43270, 99070)     Stent (43266)

**Enteroscopy:**     Double/Single Balloon (43361, requires Anesthesia 00470)     Capsule Endoscopy (91110)

**Colonoscopy:**     with EMR (large polyp/flat polyp, 45383)     with Colonic Stent (45387)

**EUS:**     Mediastinal (43242)     Esophageal (43242)     Gastric (43242)     Rectal (43242)  
 Pancreas (43242)     with Celiac Block     with Cyst Gastrostomy

**ERCP (Requires Anesthesia 00470)**

:     Stone (43260, 43264)     Stent (43268, 43269)     Roux-limb Access (43361, 43260)  
 Choledochoscopy (Spyglass, 47550)     Laser Lithotripsy (Large Stone)

**Other** \_\_\_\_\_

**Fax completed form, records, insurance information/authorization to: (323) 442-5625, Attn: Jessica**

For Internal Staff Use

**MD:** \_\_\_\_\_ **Office Visit / Direct to Procedure**

**Authorization Number for Procedure:** \_\_\_\_\_

**ESOPHAGEAL & GI MOTILITY CONSULTS & TESTING**

Motility Lab Director: Edy Soffer MD

DIAGNOSIS: \_\_\_\_\_ ICD10: \_\_\_\_\_

REQUEST FOR (with authorization if needed):

Office Visit:     New Office Consultation (99245)     Followup Visit (99215)

**TESTING ONLY:**

**Esophageal Function Testing**

- High-resolution esophageal manometry (91010)
- High-resolution impedance manometry
- Wireless 48-hour esophageal pH – Bravo

**Breath Testing**

- Lactulose hydrogen breath test
- Lactose hydrogen breath test
- Fructose hydrogen breath test
- Sucrose hydrogen breath test

**Anorectal Function Testing**

- High-resolution anorectal manometry
- 3D Anorectal manometry
- Pudendal nerve terminal motor latency

**Gastrointestinal Transit and Motility**

- Antroduodenal manometry
- Electrogastrography

**INFLAMMATORY BOWEL DISEASE**

DIAGNOSIS: \_\_\_\_\_ ICD10: \_\_\_\_\_

REQUESTED MD:

First Avail MD     Dr. Caroline Hwang     Dr. Sarah Sheibani     Dr. Thomas Zarchy

Purpose of Visit:

Second Opinion (1 visit)     Disease Co-management     Surgical Evaluation     Clinical Trial

**Internal Use**

Date Received: \_\_\_\_\_ Date Appt: \_\_\_\_\_ Initials: \_\_\_\_\_

Authorization # (Procedure) \_\_\_\_\_ Date Procedure: \_\_\_\_\_