

PATIENT INFORMATION		ORDERING PHYSICIAN/FACILITY
Name (last / first / middle): _____		
DOB: ___/___/___ Gender: <input type="checkbox"/> M <input type="checkbox"/> F SSN: _____-_____-_____		
Address: _____ City: _____ Zip: _____		
Contact Phone #: (____) _____-____ x _____		
Responsible Party: _____ Relationship: _____		
BILLING INFORMATION <small>(Please attach patient face sheet and front and back of insurance card to ensure correct billing)</small>		
BILL TO: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Client <input type="checkbox"/> Patient <input type="checkbox"/> Other (see attached)		Patient/Chart Number _____ Date _____
Primary Insurance		ICD-9/10 Diagnosis Codes(s)
Secondary Insurance		
Primary Insurance Name: _____ Secondary Insurance Name: _____		
Primary Insurance Policy #: _____ Secondary Insurance Policy #: _____		
Primary Insurance Group #: _____ Secondary Insurance Group #: _____		Please provide a diagnosis code for all tests ordered that can be substantiated by the patient's medical record. Tests deemed not "MEDICALLY NECESSARY" must be accompanied by a signed ADVANCE BENEFICIARY NOTICE (ABN) .

*PROVIDING A SOCIAL SECURITY # & DATE OF BIRTH IS ESSENTIAL TO LOCATE AND REVIEW PREVIOUS HISTOLOGY AND CYTOLOGY

#	TYPE				UPPER GI						LOWER GI																
					ESOPHAGUS		STOMACH		DUODENUM		ILEUM		COLON														
	Biopsy	Polypectomy	Random	Cytology	Upper Esophagus	Middle Esophagus	Lower Esophagus	E.G. Junction	Esophagus (NOS)	Cardia	Fundus	Body	Antrum/Pylorus	Duodenum (Bulb)	Duodenum (2nd)	Ileum	Terminal Ileum	Ileo-Cecal Valve	Cecum	Ascending/Right	Hepatic Flexure	Transverse	Splenic Flexure	Descending/Left	Sigmoid	Rectum	Anus
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	CENTIMETERS		ENDOSCOPIC FINDING CODE <small>(USE CODE TO RIGHT)</small>	ENDOSCOPIC FINDING CODES	OTHER INFORMATION
1	CM			1. Barrett's Mucosa 2. Diverticula 3. Erosion 4. Erythema 5. Granularity 6. Hiatal Hernia 7. Inflammation 8. Mass 9. Nodularity 10. Normal 11. Plaque 12. Polyp 13. Polyposis 14. Pseudomembrane / Exudate 15. Stricture 16. Ulcer	
2	CM				
3	CM				
4	CM				
5	CM				
6	CM				

INDICATIONS / PERTINENT MEDICAL HISTORY		
<input type="checkbox"/> Abdominal / Epispaic Pain	<input type="checkbox"/> Malabsorption	<input type="checkbox"/> Colon Cancer Screening <input type="checkbox"/> Average Risk <input type="checkbox"/> High Risk/High Risk Indication
<input type="checkbox"/> Anemia	<input type="checkbox"/> Nausea / Vomiting	<input type="checkbox"/> Surveillance for: <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's <input type="checkbox"/> Polyp(s) <input type="checkbox"/> Cancer
<input type="checkbox"/> Barrett' Surveillance	<input type="checkbox"/> Peptic Ulcer Follow-Up	
<input type="checkbox"/> Dyspepsia	<input type="checkbox"/> Weight Loss	SYMPTOMS
<input type="checkbox"/> GERD (Reflux)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Diarrhea: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Watery <input type="checkbox"/> Bloody
<input type="checkbox"/> H. pylori Follow-Up		<input type="checkbox"/> Change In Bowel Habits <input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Heme-Positive Stool
<input type="checkbox"/> Heme-Positive Stool		<input type="checkbox"/> Other: _____

SPECIAL REQUESTS		
Rule Out	Special Tests	
<input type="checkbox"/> Amyloid	For Gastric and GE Junction Adenocarcinomas: <input type="checkbox"/> Her2by IHC and FISH	
<input type="checkbox"/> Barrett's Esophagus/Dysplasia	Note: To exclude HNPCC/Lynch, SEPA Labs will perform MMR IHC on:	
<input type="checkbox"/> Carcinoma	1) Colorectal (CR) carcinomas	
<input type="checkbox"/> Celiac Sprue	2) CR adenomas with high grade dysplasia	
<input type="checkbox"/> Crohn's	3) All CR adenomas in patients under 40 years	
<input type="checkbox"/> Eosinophilic Esophagitis		
<input type="checkbox"/> Fungi		
<input type="checkbox"/> H. pylori		
<input type="checkbox"/> Lymphoma		
<input type="checkbox"/> Microscopic Colitis		
<input type="checkbox"/> Mastocytic Enterocolitis		
<input type="checkbox"/> Ulcerative Colitis		
<input type="checkbox"/> Virus		
<input type="checkbox"/> Other:		