East Brunswick Endoscopy Center,Inc

OUR CARE IS ALL ABOUT YOU!

OPEN ACCESS ENDOSCOPY CRITERIA

You are requesting a procedural service which does not constitute the assumption of care and/or consultative services. If these services are requested please refer your patients for a Gastroenterology consultation.

The referring provider is also responsible for prescribing the preparation for colonoscopy.

PATIENT NAME **DOB** **TELEPHONE #**

REFERRING PHYSICIAN **TELEPHONE#**

Please refer to **Exclusion Criteria section *first*. If any apply- STOP! DO NOT complete and fax form. Patient MUST BE SEEN BY ONE OF OUR PHYSICIANS. Please call (732) 238-4343 to schedule this appointment.**

****Exclusion Criteria:**

- ☐ Age greater than 70
- ☐ Congestive heart failure
- ☐ MI or chest pain within last 12 months
- ☐ COPD (**FEV less than 1.25,** home oxygen use)
- ☐ Coagulopathy (INR greater than 2) or Bleeding disorder
- ☐ Platelet count less 75,000

If no exclusions—FAX THE COMPLETED FORM TO (732) 238-6981.
OUR OFFICE WILL CONTACT YOUR PATIENT TO SCHEDULE THE APPOINTMENT.

Indication for colonoscopy:

Colorectal cancer screening

- ☐ Average risk (no family history, age greater than 50)
- ☐ Personal history of colon polyps
- ☐ Family history of colon cancer
- ☐ Other____