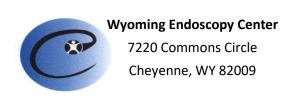


of Cheyenne

7212 Commons Circle
Cheyenne, WY 82009

SCHEDULING: 307-432-3911
FAX: 307-432-3871
www.dhawy.com



## **OPEN ACCESS REFERRAL**

**PHONE:** 307-635-4141

Patient:		DOB:	Date:	
Phone:	НОМЕ	MOBILE	Preferre	d Daytime
Service Requested:	EGD COLONOS	SCOPY Both EGD a	and COLONOSCOP	Y OR
Indications/DIAGNOS	GI CONSULT			
Provider:1 <sup>st</sup> Availab	ole Dr. Horne	er Dr. McRae	Dr. Skr	ove
Is a Prior Authorization requi	redYES NO Su	bmitted to Insurance	YESNO Autho	rization #:
Diabetic:YESNO	)			
Anticoagulants or Antip	platelet agents:	YESNO		
If patient takes anticoagula (Plavix, Effient, Brilinta, oth physician/provider of the a  Prescribing provider	er) the patient will need nticoagulants or antiplat	instructions prior to proc	edure from the pres	scribing
OPEN ACCESS SCHEDULING E	XCLUSIONS: Please indic	cate any that apply (Patier	nt will need GI CONS	GULT)
Age > 80 years of age	BMI >/= 50	Severe COPD	Anemia with HC	T < 18%
Pregnancy	MI/Angina/CHF w/in 6 m	nonths		
Sedation Risk: heart	disease, lung disease, un	nstable medical condition		
Referring Provider:		OFFICE PHONE: _	F	AX:
Please include the foll	owing information with	this referral:		
Mos	t recent H&P including h	history of present illness, o	current medication	ist, allergies
	nographic information			
Insurance Cards – Copy of front and back of card				
OPEN ACCESS SCHEDULED AP	· · · · · · · · · · · · · · · · · · ·			
	P	Physician	Date	Time