



DIGESTIVE HEALTH ASSOCIATES of Cheyenne

7212 Commons Circle
Cheyenne, WY 82009

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Wyoming Endoscopy Center
7220 Commons Circle
Cheyenne, WY 82009

OPEN ACCESS REFERRAL

Patient: _____ DOB: _____ Date: _____

Phone: _____ HOME _____ MOBILE _____ Preferred Daytime

Service Requested: EGD COLONOSCOPY Both EGD and COLONOSCOPY OR
 GI CONSULT

Indications/DIAGNOSIS: _____

Provider: ___ 1st Available ___ Dr. Horner ___ Dr. McRae ___ Dr. Neice ___ Dr. Skrove

Is a Prior Authorization required ___ YES ___ NO Submitted to Insurance ___ YES ___ NO Authorization #: _____

Diabetic: ___ YES ___ NO

Anticoagulants or Antiplatelet agents: ___ YES ___ NO

If patient takes **anticoagulants** (such as Coumadin, Warfarin, Xarelto, Eliquis, Pradaxa, other) or **antiplatelet agents** (Plavix, Effient, Brilinta, other) the patient will need instructions prior to procedure from the prescribing physician/provider of the anticoagulants or antiplatelet agents:

Prescribing provider instructions for anticoagulants /antiplatelet agents: _____

OPEN ACCESS SCHEDULING EXCLUSIONS: Please indicate any that apply (Patient will need GI CONSULT)

___ Age > 80 years of age ___ BMI >= 50 ___ Severe COPD ___ Anemia with HCT < 18%
___ Pregnancy ___ MI/Angina/CHF w/in 6 months
___ Sedation Risk: heart disease, lung disease, unstable medical condition

Referring Provider: _____ OFFICE PHONE: _____ FAX: _____

Please include the following information with this referral:

Most recent H&P including history of present illness, current medication list, allergies

Demographic information

Insurance Cards – Copy of front and back of card

OPEN ACCESS SCHEDULED APPOINTMENT: _____

Physician

Date

Time