



PHYSICIAN: _____

REFERRING PHYSICIAN: _____

DATE: _____
 PATIENT NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ M OR F _____ DOB: _____
 SS#: _____

BILL: PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD, OR GIVE INSURANCE INFO BELOW:

INSURANCE NAME: _____
 PLAN NAME: _____
 ID # _____ GROUP # _____
 GUARANTOR'S NAME: _____
 RELATION TO PATIENT: _____ DOB: _____
 MALE FEMALE SS# _____

| LARGE BOWEL / SMALL BOWEL | | | | UPPER GI | | | ADDITIONAL INFORMATION | |
|---------------------------|------------------------------------|--|--------------------------------------|----------|--|---|--|--|
| JAR 1 | SIZE/MM NUMBER: DISTANCE /CM | PROX MID DISTAL RECTUM SIGMOID DESCEND TRANS ASCEND CECUM SPLENIC FLEXURE HEPATIC FLEXURE | POLYP OTHER: DESTROYED: YES NO | JAR 1 | UPPER ESOPHAGUS MIDDLE ESOPHAGUS LOWER ESOPHAGUS E.G. JUNCTION ESOPHAGUS (NOS) | CARDIA FUNDUS BODY ANTRUM/PYLORUS STOMACH (NOS) | DUODENUM (BULB) DUODENUM (NOS) JEJUNUM | PRE-OP DIAGNOSIS: ANEMIA BARRETT'S CARCINOMA CROHN'S DIARRHEA GASTRITIS LYMPHOMA MALABSORPTION POLYP REFLUX ESOPHAGITIS ULCER ULCERATIVE COLITIS OTHER: _____ _____ SIGNS & SYMPTOMS: ABDOMINAL CRAMPS DIARRHEA EPIGASTRIC PAIN MALABSORPTION MELENA OR POSITIVE HEMOCULT NAUSEA SCREENING EXAM REFLUX Sx VOMITING FAMILY Hx OF POLYPS FAMILY Hx OF CANCER Hx OF POLYPS Hx OF CANCER OTHER: _____ _____ POST PROCEDURE Dx: ICD-9 |
| JAR 2 | SIZE/MM NUMBER: DISTANCE /CM | PROX MID DISTAL RECTUM SIGMOID DESCEND TRANS ASCEND CECUM SPLENIC FLEXURE HEPATIC FLEXURE | POLYP OTHER: DESTROYED: YES NO | JAR 2 | UPPER ESOPHAGUS MIDDLE ESOPHAGUS LOWER ESOPHAGUS E.G. JUNCTION ESOPHAGUS (NOS) | CARDIA FUNDUS BODY ANTRUM/PYLORUS STOMACH (NOS) | DUODENUM (BULB) DUODENUM (NOS) JEJUNUM | |
| JAR 3 | SIZE/MM NUMBER: DISTANCE /CM | PROX MID DISTAL RECTUM SIGMOID DESCEND TRANS ASCEND CECUM SPLENIC FLEXURE HEPATIC FLEXURE | POLYP OTHER: DESTROYED: YES NO | JAR 3 | UPPER ESOPHAGUS MIDDLE ESOPHAGUS LOWER ESOPHAGUS E.G. JUNCTION ESOPHAGUS (NOS) | CARDIA FUNDUS BODY ANTRUM/PYLORUS STOMACH (NOS) | DUODENUM (BULB) DUODENUM (NOS) JEJUNUM | |
| JAR 4 | SIZE/MM NUMBER: DISTANCE /CM | PROX MID DISTAL RECTUM SIGMOID DESCEND TRANS ASCEND CECUM SPLENIC FLEXURE HEPATIC FLEXURE | POLYP OTHER: DESTROYED: YES NO | JAR 4 | UPPER ESOPHAGUS MIDDLE ESOPHAGUS LOWER ESOPHAGUS E.G. JUNCTION ESOPHAGUS (NOS) | CARDIA FUNDUS BODY ANTRUM/PYLORUS STOMACH (NOS) | DUODENUM (BULB) DUODENUM (NOS) JEJUNUM | |
| JAR 5 | SIZE/MM NUMBER: DISTANCE /CM | PROX MID DISTAL RECTUM SIGMOID DESCEND TRANS ASCEND CECUM SPLENIC FLEXURE HEPATIC FLEXURE | POLYP OTHER: DESTROYED: YES NO | JAR 5 | UPPER ESOPHAGUS MIDDLE ESOPHAGUS LOWER ESOPHAGUS E.G. JUNCTION ESOPHAGUS (NOS) | CARDIA FUNDUS BODY ANTRUM/PYLORUS STOMACH (NOS) | DUODENUM (BULB) DUODENUM (NOS) JEJUNUM | |

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