



PHONE NUMBER (612) 871-1145 FAX NUMBER (612) 870-5491

REFERRING CLINIC INFORMATION: please print completely & clearly

Today's Date: Referring Provider: Clinic:
Phone: Fax: Contact:

PATIENT INFORMATION: please enter demographic information as listed on driver's license or legal identification rather than nicknames or preferred names. (no labels please)

Patient Name: DOB:
Home Phone: Alternate Phone:
Patient Address:
Interpreter Needed: Yes No Language

FOR CONSULT/OFFICE APPOINTMENT - PLEASE CHECK PRIORITY
EMERGENT (24 HRS) URGENT (48 HRS) ELECTIVE (72 HRS MINIMUM)
GI DIAGNOSIS

OR

FOR PROCEDURE - PLEASE CHECK PRIORITY
*For pediatric procedures (patients less than 18 years of age) please call 612-871-1145 press 1.
EMERGENT (24 HRS) URGENT (48 HRS) ELECTIVE (72 HRS)
DIAGNOSTIC COLONOSCOPY SCREENING COLONOSCOPY EGD (UPPER ENDOSCOPY)
ERCP ESOPHAGEAL MOTILITY FLEX SIG
24-HOUR AMBULATORY CATHETER pH STUDY BRAVO AMBULATORY pH STUDY OTHER

IS THE PATIENT TAKING ANTICOAGULATION MEDICATIONS? (circle) COUMADIN, WARFARIN, JANTOVEN, Other
CAN THE MEDICATIONS BE HELD? If yes, medication and how many days ?
(Document if patient will be bridged with a second anticoagulant)
If no, please list recommendations.

LOCATION / PHYSICIAN
(If specific location or physician is requested, please specify below.)
BLOOMINGTON COON RAPIDS EAGAN NORTHEAST MINNEAPOLIS (PEDIATRICS)
MAPLEWOOD PLYMOUTH WOODBURY
SPECIFIC PHYSICIAN REQUESTED:

PLEASE NOTE: IF YOUR PATIENT IS CURRENTLY PREGNANT, OUR POLICY IS TO SCHEDULE THE PATIENT FOR AN OFFICE VISIT PRIOR TO PROCEDURE TO DISCUSS THE RISK AND BENEFITS.