



OUTPATIENT ENDOSCOPY ORDERS

Patient Name: _____

DOB: _____ Phone #: _____

- OPS Endo
- Other _____
- EGD Colonoscopy FFS ERCP
- Small Bowel Scope Dilatation Other _____

Precert Number: _____

Referring Physician: _____

Diagnosis: _____

IV Access: Heplock NS at KVO Other _____

- Labs:** HCG (To be done on all females of childbearing years Unless:
 Patient refuses Post menopausal/surgical sterilization
 Amylase/Lipase (For all ERCPS)
 CBC (For all Liver Biopsies)
 PT/PTT (For all Liver Biopsies and Patients taking Blood Thinner)
 CMP

Cardiopulmonary: EKG (Men over 40 years old– Women over 50 years old)

Radiology: KUB (For all ERCPS)

Physician Offices– For the most updated form please visit www.coffeeregional.org and print from the "For Our Physicians" link.
