CHESAPEAKE REGIONAL HEALTHCARE

1PO

ENDOSCOPY POSTING ORDER FORM

ALL INFORMATION MUST BE COMPLETED OR CASE WILL NOT BE BOOKED

Endoscopy Department
736 Battlefield Boulevard, North
Chesapeake, VA 23320

Endoscopy Main Desk: 312-6147
Posting Direct Line: 312-6260
Posting Fax Line: 312-3124

☐ **Admit to Outpatient Endoscopy** ☐ **Admit to Inpatient Same Day**

Procedure Date:_____ **Time:**_____ **Case #:** _____

Physician:_____

CPT:_____

Anesthesia: ☐General *(provide Triage Questionnaire)*
☐MAC ☐Moderate Sedation

Diagnosis:_____**Diagnosis Code**: _____

Procedure:

☐EGD_____ ☐Diagnostic Colonoscopy ☐Screening Colonoscopy ☐Surveillance Colonoscopy

☐Manometry ☐ERCP (call to schedule) ☐EUS (call to schedule) ☐EBUS

☐Navigational Bronchoscopy ☐Endobronchial Valve Placement **Date of Last Colonoscopy**:_____

Other Procedure:_____

Special Needs/Comments:_____

Patient Name:_____ **Former Name:**_____

☐ ***Fax Copy of Patient's Demographic Sheet***

DOB:_____ **SS#:**_____ **Sex:** ☐Female ☐Male ☐Other

Phone Numbers: Home:_____ Cell:_____ Work:_____

Insurance Information:	☐**Fax Copy of Insurance Card** ***(Front and Back)***
PRIMARY INSURANCE	**SECONDARY INSURANCE**
Company Name:_____	Company Name:_____
Insurance Policy #:_____	Insurance Policy #:_____
Pre-cert Number:_____	

Please Check Yes or No For The Following:			
Latex Allergy	☐Yes ☐No	Iodine Allergy	☐Yes ☐No
Contact Isolation	☐Yes ☐No	Malignant Hyperthermia	☐Yes ☐No
MRSA	☐Yes ☐No	Weight Greater Than 300 LBs	☐Yes ☐No

Is patient on Aspirin/Anticoagulants/Antiplatelet? (circle one). If yes, can surgery be performed with patient on therapy? ☐Yes ☐No

Scheduler Name:_____ **Fax#:**_____

Physician's Signature:_____ **Date/Time:**_____

Patient Label