



LOMA LINDA UNIVERSITY
HEALTH

GI LAB (DIRECT ACCESS)
AND GI CLINIC REFERRAL ASSISTANCE FORM

GASTROENTEROLOGY CONSULTANTS:			HEPATOLOGY CONSULTANTS:		
<input type="checkbox"/> Masia Abdalla, MD	<input type="checkbox"/> Terence Lewis, MD	<input type="checkbox"/> Andrew Wright, MD	<input type="checkbox"/> Lydia Aye, DO	<input type="checkbox"/> Mina Rakoski, MD	
<input type="checkbox"/> Kendrick Che, DO	<input type="checkbox"/> Neel K. Mann, MD	<input type="checkbox"/> Yan Shi Zhao, MD	<input type="checkbox"/> Jason Cheng, MD	<input type="checkbox"/> Khaled Selim, MD	
<input type="checkbox"/> Tejinder Kalra, MD	<input type="checkbox"/> Ali Siddiqui, MD		<input type="checkbox"/> Michael Lin, MD	<input type="checkbox"/> Michael Volk, MD	

First available, General pool of specialists

INSTRUCTIONS TO RMD/OFFICE:

PLEASE FAX COMPLETED FORM WITH SUPPORTING DOCUMENTS
(INSURANCE INFORMATION INCLUDING COPY OF FRONT AND BACK OF INSURANCE CARD,
INSURANCE PLAN, SUBSCRIBER ID #, AUTHORIZATION #, AND PERTINENT PATIENT RECORDS).

For GI Lab (Direct Access) Procedure Appointment: (909) 558-4668 - Fax (909) 558-0805

For GI Clinic/Consult - Appointment: (909) 558-2850 - Fax (909) 558-0805

CONFIDENTIALITY NOTICE:

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Sender's Contact/Coordinator Name: _____

Phone: _____ Fax: _____

Date of Referral: _____ Referring MD/Specialty: _____

Referring MD Signature: _____

Referral Diagnosis/Information: _____

ICD10 Code(s): _____

PRIORITY: For RMD office to check -

Routine Urgent (<3-4 days)

DIAGNOSIS: _____

PATIENT INFORMATION:

Last Name: _____ First Name: _____

DOB: _____ (MM/DD/YYYY) Contact Phone/Cell: _____

Please provide copy of front and back of insurance card

Authorization #: _____

OFFICE CONSULT:	<input type="checkbox"/> New Patient Consult (99245)	<input type="checkbox"/> Follow Up Visit (99215)
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PROCEDURE (DIRECT ACCESS):

<input type="checkbox"/> Agile Patency Capsule (91299) <input type="checkbox"/> Anorectal Manometry (91122) <input type="checkbox"/> Biofeedback (90911) <i>Obtain authorization for 6 Sessions</i> <input type="checkbox"/> Capsule Endoscopy (91110) <i>Referred by outside GI</i> <input type="checkbox"/> Colonoscopy with or without intervention (45378-45398) <input type="checkbox"/> EGD (43233-43270) <input type="checkbox"/> EGD with BRAVO*(91035) <input type="checkbox"/> Endoscopic US*(43259, 43242) <i>Submit medical records and/or Referring MD to call Attending to discuss</i>	<input type="checkbox"/> ERCP*(43260-43278) <i>Submit medical records and/or Referring MD to call Attending to discuss</i> <input type="checkbox"/> Esophageal Mano/24 Hr. pH Impedance (91010, 91034, 91038) <input type="checkbox"/> Esophageal Impedance (91038, 91037) <input type="checkbox"/> Esophageal Manometry (91010, 91013) <input type="checkbox"/> Flex Sigmoidoscopy (45330-45350) <input type="checkbox"/> Hydrogen Breath Test (91065) <i>Referred by outside GI</i> <input type="checkbox"/> PEG/G or J Tube Replacement with or without EGD *(49452) <input type="checkbox"/> Rectal US (45341, 45342)
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*Direct access Endoscopic US or ERCP may be done in Emergency situations.
 Referring MD to call phone number (909) 558-0099 to discuss with the Attending directly.

PROCEDURES FOR CLINIC REFERRALS:

<input type="checkbox"/> Achalasia Management <input type="checkbox"/> Capsule Endoscopy (91110) <i>If not seen by a GI in the past</i> <input type="checkbox"/> Colonoscopy with EMR of a large polyp/lesion (45390) <input type="checkbox"/> EGD with Capsule (91110) <input type="checkbox"/> EGD with PEG (43752,43246) <input type="checkbox"/> Hemorrhoid Treatment (46221, 46945, 46946, 49452)	<input type="checkbox"/> Hydrogen Breath Test (91065) <i>If not seen by a GI in the past</i> <input type="checkbox"/> Lactulose <input type="checkbox"/> Glucose <input type="checkbox"/> Fructose <input type="checkbox"/> Lactose <input type="checkbox"/> IRC For internal hemorrhoids (46930) <input type="checkbox"/> Liver Biopsy (47000, 76942) <input type="checkbox"/> PEG (43246, 49440) <input type="checkbox"/> Smart Pill (91112)
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BREATH TESTS (DIRECT ACCESS): CLINICAL PROCEDURE

<input type="checkbox"/> Helicobacter Pylori Test (Urea Breath Test) (83013, 83014)	<input type="checkbox"/> Hydrogen Breath Test (91065) <i>Referred by outside Gastroenterologist</i>
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SPECIAL CONCERNS/CRITICAL QUESTIONS:

If checked YES to any of the following, we recommend Anesthesia or Consult, Cardiology clearance, or referral to the Clinic to improve patient outcomes. Does the patient have/take/require the following:

Anticoagulants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Renal Failure/CKD III or more on Hemodialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHF and or significant Arrhythmias	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep Apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pacemaker or AICD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Over 80 years old and/or with complex medical problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated complex procedure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uncontrolled DM or on Oral Hypoglycemics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LLUMC:

GI LAB Appt. Made By _____ Approved By _____

Medical Clinic for Consultation Made By _____

PATIENT'S ID LABEL

