UNIVERSITY OF MICHIGAN HEALTH SYSTEM

DIRECT ACCESS EUS REFERRAL

Phone: (877) 334-2943

Fax: (734) 998-2323

Website: http://www.med.umich.edu/pac/pdf/Direct-Access-EUS-Form.pdf

PROCEDURE REQUESTED:

☐ EUS

☐ EUS with FNA

☐ Other:

PATIENT NAME: ______________________ DOB: ____________

ADDRESS (City/State/Zip): ______________________

Phone: ______________________ ☐ Home ☐ Mobile ☐ Work ☐ Other

______________________ ☐ Home ☐ Mobile ☐ Work ☐ Other

Insurance: ______________________

REFERRING PHYSICIAN: ______________________

ADDRESS: ______________________

PHONE: ______________________ FAX: ______________________

PRIMARY CARE PHYSICIAN: ______________________ PHONE: ____________

DIAGNOSIS:

REASON FOR PROCEDURE:

PREFERRED ENDOSCOPIST (optional):

IMPORTANT

To expedite care, please fax the following records along with this requisition:

- Recent History & Physical with medication list, Labs, and other relevant records
- Most recent endoscopy reports (along with pathology reports if done)
- Ultrasound or MRI/MRCP, if applicable
- CT and/or PET scan***

***Patients referred for Esophageal Cancer staging need to have either a prior abdominal CT or PET scan and the reports **MUST BE** included in the faxed records.

EXCLUSIONS

ARE EXCLUSIONS PRESENT? Please check the appropriate boxes.

Exclusions will prompt review by our nursing staff but will not prevent your patient from having a procedure.

☐ Age > 80 years	☐ Pregnancy	☐ MI/Angina/severe CHF w/in 6 mo
☐ BMI > 50	☐ Dialysis	☐ Treatment with any anticoagulant
☐ Use of home oxygen	☐ Sleep apnea	☐ Coagulopathy, hereditary hemorrhagic disorder, etc. [INR >1.5 &/or Plts <75K]
☐ Anemia with HCT < 20%	☐ Unable to provide consent	
☐ Suboxone	☐ ICD (defibrillator)	☐ Drug-eluding stent within the past year
☐ Chronic high-dose narcotic use	☐ Aortic stenosis	☐ Pulmonary hypertension
☐ Use of insulin	☐ Pacemaker	

REVIEWED.

NO EXCLUSIONS PRESENT.

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Ordering Provider Initials

TO SCHEDULE: FAX completed form to (734) 998-2323. We will contact the patient.