Loma Linda University GI Lab (Direct access)
&
GI Clinic Referral Assistance Form

GASTROENTEROLOGY CONSULTANTS:		HEPATOLOGY CONSULTANTS:	
❑Andrew Chang, MD	❑ Nikhil Thiruvengadam, MD	❑Mina Rakoski, MD	❑Khaled Selim, MD
❑Kendrick Che, DO	❑ Jing Zhou Wang, MD	❑Prachi Rana, MD	
❑Paul Leonor, MD	❑ Timothy Yen, MD	❑Lorenzo Rossaro, MD	
❑Nour Parsa, MD	❑ Xin Zheng, DO		
❑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 #, Pertinent patient records (Recent EGD/colonoscopy, CT scan, MRI, clinic notes). For GI Lab (Direct Access) Procedure Appointment: (909) 558-4668 - Fax (909) 558-0805. For GI Clinic/Consult - Appointment: (909) 558-2850 - Fax (909) 558-2424. For Therapeutic Endoscopy: (909)558-3404 or AdvancedEndoscopy@llu.edu.

CONFIDENTIALITY NOTICE:

The information contained in this facsimile document may contain information that is privileged, confidential, exempt from disclosure under applicable law and is intended only for the use of the individual or entity named above. If the recipient or reader of this document is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address. Thank you.

Sender's Contact/Coordinator Name:_____ **Phone:**_____ **Fax:**_____

Date of Referral:_____ **Referring MD/Specialty:**_____

Referring MD Signature:_____

Referral Diagnosis/Information:_____

_____ **ICD10 Code:**_____

PRIORITY: For RMD office to check -	❑Urgent (<2 weeks, requires doctor to doctor call at 1-800-872-1212)	❑Routine

DIAGNOSIS: _____

PATIENT INFORMATION:

Last Name:_____ **First Name:**_____

DOB:_____ **(MM/DD/YYYY)** **Patient's First Contact Phone:**_____

Second Contact Phone:_____ **Fax #(if available):**_____

Email:_____ **Insurance Plan:**_____

Subscriber's ID#:_____ ***Please provide copy of front and back of insurance card.***

Authorization #:_____

OFFICE CONSULT:	❑New Patient Consult (99245)	❑Follow Up Visit (99215)

GI LAB PROCEDURE S (DIRECT ACCESS):

❑Colonoscopy with or without intervention (45378-45398)
❑Colonoscopy with EMR (45390)
❑EGD (43233-43270)
❑EGD with BRAVO*(91035)
❑EM/24 Hr. pH Impedance (91010, 91034, 91038
❑Endoscopic US*(43259, 43242) *(submit medical records and/or RMD to call Attending to discuss)*
❑ERCP*(43260-43278) *(submit medical records and/or Referring MD to call Attending to discuss)*
❑Esophageal Impedance (91038, 91037)
❑Esophageal Manometry (91010, 91013)
❑Flex Sig (45330-45350)
❑PEG/G or J Tube Replacement with or without EGD *(49452)
❑Rectal US (45341, 45342)

*Legends: * Referring MD to call & discuss with the attending directly or through the scheduler.*
Direct access Endoscopic US or ERCP may be done in Emergency situation.

Approved by: _____

The following procedures require a clinic visit first:

Achalasia Management including POEM, Capsule Endoscopy,
Hemorrhoid treatment, new PEG placement, enteral stenting,
ERCP unless urgent

CLINIC PROCEDURES (DIRECT ACCESS)

❑H.Pylori Test (Urea Breath Test) (83013, 83014)
❑Smart Pill (91112)

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

LLUMC:

GI LAB Appt. Made By _____

Medical Clinic for Consultation Made By _____

PATIENT'S ID LABEL