



DIGESTIVE HEALTH Specialists

DIGESTIVE HEALTH SPECIALISTS-AZ

8573 E. Princess Drive, Suite 215
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Please fax completed form to request Gastroenterology patient services
and we will call your patient to schedule

Request for GI Patient Services:

Dr. Norman Zitomer Dr. Suzanne Skoog
Any Gastroenterologist

Date: _____

Dr. Bradford Jones Noelle Daniels, PA-C

Patient Name: _____ DOB: _____ Patient Insurance: _____

Patient Day Phone No.: _____ Patient Evening Phone No.: _____

Referring Providers at:

Practice Name: _____ Provider: _____

Phone: _____ Fax: _____

Procedures

COLONOSCOPY

(Check all that apply)

___ Procedure Only (Primarily health individuals without any major health problems)

___ Colon Cancer Screening age > 50

___ Personal history of colon cancer or polyps

___ Heme + Stools

___ Iron deficiency anemia (unexplained)

___ Rectal bleeding

(suspected to be from source above the rectum)

___ First degree relative with colon CA or polyps (onset under age 60)

___ Two or more first degree relatives with colon CA or polyps (at any age)

___ Chronic diarrhea, undetermined cause.

___ Other: _____

EGD

(Check all that apply)

___ Upper abdominal pain not responding to treatment/medication.

___ Upper abdominal pain with: (circle all that apply)

a. weight loss

e. history of ulcer

b. anemia

f. ASA or NSAID use

c. heme+ stools

g. Other: _____

d. melena

___ GERD symptoms (heart burn or regurgitation) (circle all that apply)

a. Refractory to treatment

b. R/O complications

(stricture, ulcer, or Barrett's esophagus)

___ Dysphagia

___ Barrett's esophagus surveillance

___ Other: _____

Please indicate if patient is (in your opinion) medically cleared for:

Procedure: yes no Sedation: yes no Colon Prep (Golytely): yes no

Office Consultation

Indication: _____