



**Open Access Screening Colonoscopy Referral Form**

This screening program is for *well patients, (no significant gastrointestinal symptoms), between 50 and 75 years, limit of 350 lbs, needing a colonoscopy without the inconvenience of an initial office visit.* (under 50 see below)

Date \_\_\_\_\_ \* *Patient's name must be entered on this form for processing.*

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date \_\_\_\_\_ Practice \_\_\_\_\_

Patient Name \* \_\_\_\_\_ DOB \_\_\_\_\_

\* *A demographic sheet may be sent instead of writing in patient information.*

Best Daytime Contact # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Soc Sec # \_\_\_\_\_

E-Mail \_\_\_\_\_ (*very important!*)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please Fax Insurance Card (front/back) with form.** (*If illegible, please fill in below*)

Primary Insurance: \_\_\_\_\_ Benefits Phone #: (\_\_\_\_\_) \_\_\_\_\_

Policy ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

- **Please check here for family history of colon cancer.** (under age 50)
- Once this form is received, we will contact your patient, obtain pre-procedure insurance benefits, proceed scheduling this appointment.
- This form will be returned to PCP with procedure date contingent upon patient approval.

Endoscopy Location Preference: (*please circle*)

**Charlotte • Uptown Area**

**Pineville • Ballantyne Area**

**Monroe • Union Co. Area**

**Charlotte • University Area**

**Huntersville • Lake Norman Area**

**Concord • Kannapolis Area**

Questions? Please call Open Access Dept. (704) 372-7974

CDHA Procedure Confirmation:

Procedure Date: \_\_\_\_\_ Procedure Time: \_\_\_\_\_

Procedure Location: \_\_\_\_\_