Interventional Endoscopy Services (IES)
Medical Director: Kenneth F. Binmoeller MD

Christopher Hamerski, MD
Andrew Nett, MD
Rabindra Watson, MD

Office: 415-600-1151 Fax: 415-375-4861

IES REFERRAL FORM

REFERRING MD:_____ **MD EMAIL/CELL:**_____

OFFICE #:_____ **FAX #:**_____

PATIENT'S NAME:_____ **DOB:**_____

REFERRING DIAGNOSIS: _____

***TO BE SCHEDULED:** ☐ **at patient's convenience** ☐ **3 - 4 weeks** ☐ **URGENT 1-2 WEeks**
(select one)

Physicians Billing Dept (877) 219-5578 CPMC Billing Dept (415) 600-7280 IES Referral Status Check: (415) 600-1151

PROCEDURE : ☐ **Radio Frequency Ablation/Cryotherapy** ☐ **EUS +/-FNA** ☐ **Varices Gluing / Banding**
☐ **ERCP** ☐ **Pseudocyst Drainage** ☐**Fistula Closure** ☐ **Celiac Plexus Block** ☐**Fiducial Placement**
☐ **Zenkers Septotomy** ☐ **Colon w/EMR** ☐**Lower EUS** ☐**POEM** ☐ **Esophyx** ☐**Lithotripsy/EHL**

☐ **Double Balloon Enteroscopy*** ****MUST MAIL CAPSULE CD - REVIEW IS REQUIRED BEFORE SCHEDULING ENTEROSCOPIES****
☐ **Other**_____

PATIENT INFORMATION:

ADDRESS:

_____ **Home#: (_____)**_____

Work#: (_____)_____

_____ **ALT#: (_____)**_____ **E-**

SOCIAL SECURITY # ---------- _____ **MAIL:**_____

***INSURANCE CARRIER:** _____ **(circle one) HMO PPO POS EPO**

***PRIMARY CARE PHYSICIAN:** _____ ***OFFICE#:** _____

***FAX#:** _____

PLEASE FAX US THE FOLLOWING REQUIRED RECENT DOCUMENTS ALONG WITH FORM:
If records are missing from the checklist below INDICATE 'NO RECORDS'

- ☐ **COPY OF INSURANCE CARD- front and back**
- ☐ **FACESHEET / DEMOGRAPHIC SHEET**
- ☐ **Clinical Info: HISTORY & PHYSICAL, EKG, PROGRESS NOTES, MEDICATION LIST**
- ☐ **PRIOR ENDOSCOPIES OR SURGERIES – related to diagnosis**
- ☐ **LAB RESULTS (eg, CBC, PT/PTT , liver panel, pancreas enzymes)**
- ☐ **IMAGING STUDIES (eg, Ultrasound, CT, MRI, ERCP, MRCP, PET, HIDA)**

*****PATIENT MUST HAND CARRY FILMS TO US ON THE DAY OF THE APPOINTMENT*****