



# IU Health Physicians

## Innovative Endoscopy Referral Form Digestive & Liver Disorders Indiana University Hospital

550 N University Blvd, Suite 1634 Indianapolis, IN 46202

Phone: (317) 944-0980 Fax: (317) 968-1296

<b>Requested Physician:</b> <input type="checkbox"/> Mohammad Al-Haddad, MD <input type="checkbox"/> John DeWitt, MD
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<b>Requested Procedure:</b> <input type="checkbox"/> POEM <input type="checkbox"/> G-POEM <input type="checkbox"/> ESD or EMR <input type="checkbox"/> STER <input type="checkbox"/> TIF <input type="checkbox"/> Closure of defects <input type="checkbox"/> Zenkers's POEM <input type="checkbox"/> Pancreas Cyst Ablation
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**Patient Information**

<b>Name:</b>		<b>DOB:</b>	
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<b>Please Include:</b>	<ul style="list-style-type: none"> <li><input type="radio"/> Demographics sheet</li> <li><input type="radio"/> Copy of insurance card and/or Insurance Summary</li> <li><input type="radio"/> Order</li> </ul>
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**\*\*DISCLAIMER\*\***  
*If any of the following tests have been completed, please send reports along with this referral form.*

<u>Previous Testing</u>			
<u>TEST</u>	<u>COMPLETED?</u>	<u>DATE</u>	<u>LOCATION</u>
Endoscopy	Y / N		
Esophagram/UGI X-ray	Y / N		
CT	Y / N		
Pathology	Y / N		
4-hour solid GET	Y / N		
Esophageal Manometry (Color preferred) *	Y / N		

<b>Referring Physician:</b>	
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<b>Office Contact:</b>	
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<b>Phone:</b>		<b>Fax:</b>	
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<b>Indication/ICD-10:</b>	
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\*Please note color files cannot be faxed. You will need to send these either via snail mail (address above) or secure email to DestinationServicesInnovativeEndoscopyMotility@iuhealth.org