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**\*\*DHP REFERRAL\*\***

PATIENT

(PLEASE ATTACH DEMOGRAPHIC AND INSURANCE INFORMATION)

PATIENT NAME: \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ PATIENT PHONE: \_\_\_\_\_  
 PATIENT ADDRESS: \_\_\_\_\_ PATIENT ALT. PHONE: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_ PATIENT EMAIL: \_\_\_\_\_

ORDER INDICATIONS

(PLEASE MARK ALL THAT APPLY)

**\*\*For ALL Referrals- Please include the latest History & Physical along with recent labs particularly kidney function test (Creatinine-Cr level) \*\* UPPER ENDOSCOPY REFERRALS WILL REQUIRE CONSULTATION PRIOR.**

**COLONOSCOPY**

- SCREENING COLONOSCOPY (AGE 50+)
- FOLLOW UP COLON POLYP OR CANCER  
OF LAST EXAM, IF KNOWN \_\_\_\_\_
- FAMILY HISTORY OF COLON CANCER OR
- ADENOMATOUS POLYPS IN 1° RELATIVE
- ON FLEXIBLE SIGMOIDOSCOPY
- HEME-POSITIVE STOOL
- ABNORMAL GI X-RAY  
FINDINGS: \_\_\_\_\_
- IRON DEFICIENCY ANEMIA  
FINDINGS: HEMOGLOBIN \_\_\_\_\_ MCV \_\_\_\_\_  
% SATURATION \_\_\_\_\_ FERRITIN \_\_\_\_\_

**UPPER ENDOSCOPY**

- DYSPHAGIA (EXAMPLE: FOOD STICKING OR  
LODGING; NOT SYMPTOMS OF ASPIRATION OR GLOBUS) DATE \_\_\_\_\_
- ODYNOPHAGIA (EXAMPLE: PAIN CHEST UPON  
SWALLOWING; NOT SORE THROAT OR PERSISTENT NECK PAIN)
- HISTORY OF BARRETT'S ESOPHAGUS POLYP  
DATE OF LAST EGD: \_\_\_\_\_ ATTACH PATH REPORT
- UPPER ABDOMINAL PAIN
- GERD
- OTHER (INCLUDE ALL SYMPTOMS) \_\_\_\_\_

**CONSULTATION REQUESTED**

**TESTING**

- FIBRO SCAN
- H PYLORI BREATH TEST
- HYDROGEN BREATH TEST
- ESOPHAGEAL MANOMETRY
- pH IMPEDANCE
- ANORECTAL MANOMETRY

**PT WITH CONDITION REQUIRING EVALUATION  
 CONDITIONS THAT REQUIRE EVALUATION PRIOR  
 TO PROCEDURE**

- PT ON COUMADIN, PLAVIX, HEPARIN, LOVENOX, PRASUGREL, OR PRADAXA, etc. **Please include Creatinine level**
- AGE > 80 or greater
- CARDIAC DEFIBRILLATOR
- GI BLEEDING OTHER THAN RECTAL BLEEDING
- SEVERE ANXIETY
- WEIGHT > 350 POUNDS
- FEMALES WHO ARE SUSPECTED OR KNOWN TO BE PREGNANT
- MULTIPLE UNSTABLE COMORBIDITIES (EXAMPLE: LUNG DISEASE THAT IS STEROID/O2 DEPENDENT, UNSTABLE HEART DISEASE)
- PROSTHETIC HEART VALVE, HISTORY OF ENDOCARDITIS, SYSTEMIC PULMONARY SHUNT OR SYNTHETIC VASCULAR GRAFT, LESS THAN 1 YEAR OLD, OR OTHER INDICATIONS FOR ANTIBIOTIC PROPHYLAXIS PRIOR TO ENDOSCOPIC PROCEDURE

**PROVIDERS! IF YOU FEEL THAT YOUR PATIENT REQUIRES IMMEDIATE ATTENTION, PLEASE CALL (828) 407-4145 AND SPEAK WITH ONE OF OUR PHYSICIANS TO DISCUSS THE CARE OF YOUR PATIENT.**