



Sky Ridge Medical Center
10103 Ridgeway Parkway
Suite 312A
Lone Tree, CO 80124

Parker Office
9397 Crown Crest Blvd
Suite 221
Parker, CO 80138

Swedish Medical Center
499 East Hampden
Suite 420
Englewood, CO 80113

Castle Rock Office
3911 Ambrosia St
Suite 200
Castle Rock, CO 80109

REFERRAL FORM

SCHEDULING PHONE: (303) 788-8888

Fax: (303) 790-2567 or (303) 788-6452

Patient Name: _____

Referring Provider: _____

DOB _____

Phone _____

Home phone _____

Cell phone _____

Patient Email: _____

*****PLEASE ATTACH THE BELOW SO AS NOT TO DELAY SCHEDULING OF PATIENT:**

1) PATIENT DEMOGRAPHIC AND INSURANCE SHEET

2) RECENT H&P, OFFICE VISIT NOTES AND PERTINENT LABS

We will be happy to schedule a Colonoscopy and or EGD for reasonably healthy patients for the indications below. An office Consultation is strongly recommended for anything outside of these parameters.

EGD:

- Known Barrett's Esophagus
- GERD or Chronic heartburn (>6 months) to screen for Barrett's Esophagus
- Dysphagia or known Esophageal stricture for re-dilation
- Odynophagia

Colonoscopy: (ages up to 75)

- Average risk screening: African American: ≥ 45 years old. Caucasian: ≥ 50 years old.
- High risk screening: Start at age 40 for family history of colon cancer or adenoma in 1st degree relative < 60 years old **OR** 2 or more 2nd degree relatives **/OR** 10 years below the youngest affected relative.
- Surveillance of previous adenoma or Colon cancer
- Positive Hemocult (FOBT) or Cologuard
- Chronic diarrhea or constipation (> 8 weeks in duration)
- Mild, rectal bleeding (40 years, up to 75 years old)

Office Consultation Requested:

- Diagnosis code: _____
- Briefly summarize reason for consult: _____