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**Procedure Scheduling Form**

**EGD – Colonoscopy**

**Please forward any pertinent: Labs, Office Notes,  
 Radiology Reports, CT Scans along with  
 Insurance Cards, and Medication List.**

In order for us to provide you and your patient timely and efficient service, we ask that you complete this form and fax to our Scheduling Department at **(515) 288-8335**.

**From which physician in our practice are you requesting services?** (Please circle one below.)

ANY PHYSICIAN      OR      SPECIFIC PHYSICIAN \_\_\_\_\_

**Patient Information**

Referring Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Making this Request: \_\_\_\_\_ Fax: \_\_\_\_\_

Has the patient been seen by any GI provider in the office or hospital?

- Yes       No       If yes, by whom? \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Circle: Male Female

Patient's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Circle: Work / Cell / Other

Patient Email Address: \_\_\_\_\_

Patient's Weight: \_\_\_\_\_ Patient's Height: \_\_\_\_\_

Does the patient read and understand the English language:       Yes       No

Is a sign language/or language translator needed?       Yes       No

No       Yes      If yes, which language? \_\_\_\_\_

**Procedure Information**

**What is the procedure to be scheduled?**

- Colon Screening       Colon Diagnostic       EGD      Other: \_\_\_\_\_

**If Diagnostic Colon:** (Please circle all that apply.)

- Abdominal Pain      Blood in Stool
- Change in Bowel Habits      Constipation
- Family Hx of Colon Cancer or Polyps      Diarrhea

**If for EGD:** (Please circle all that apply.)

- Nausea/Vomiting      GERD
- Barret's Esophagus
- Other:

Is the patient on Anticoagulants or Aspirin?:       No       Yes      Prescribed by whom? \_\_\_\_\_

**Insurance Information (Include a copy of card with referral.)**

Primary Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_ Self or Other: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_ Self or Other: \_\_\_\_\_

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