



UNIVERSITY OF MICHIGAN HEALTH SYSTEM
DIRECT ACCESS EUS REFERRAL

Phone: (888) 229-7408

Fax: (734) 998-2323

Website: http://www.med.umich.edu/pac/pdf/Direct-Access-EUS-Form.pdf

PROCEDURE REQUESTED:

- EUS
EUS with FNA
Other:

PATIENT NAME: _____ DOB: _____

ADDRESS (City/State/Zip): _____

Phone: _____ [Home Mobile Work Other]

_____ [Home Mobile Work Other]

Insurance: _____

REFERRING PHYSICIAN: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

DIAGNOSIS:

REASON FOR PROCEDURE:

PREFERRED ENDOSCOPIST (optional): _____

IMPORTANT
To expedite care, please fax the following records along with this requisition:
Recent History & Physical with medication list, Labs, and other relevant records
Most recent endoscopy reports (along with pathology reports if done)
Ultrasound or MRI/MRCP, if applicable
CT and/or PET scan***
***Patients referred for Esophageal Cancer staging need to have either a prior abdominal CT or PET scan and the reports MUST BE included in the faxed records.

EXCLUSIONS
ARE EXCLUSIONS PRESENT? Please check the appropriate boxes.
Exclusions will prompt review by our nursing staff but will not prevent your patient from having a procedure.
[] Age > 80 years [] Pregnancy [] MI/Angina/severe CHF w/in 6 mo
[] BMI > 50 [] Dialysis [] Treatment with any anticoagulant
[] Use of home oxygen [] Sleep apnea [] Coagulopathy, hereditary hemorrhagic disorder, etc. [INR >1.5 &/or Plts <75K]
[] Anemia with HCT < 20% [] Unable to provide consent [] Drug-eluting stent within the past year
[] Suboxone [] ICD (defibrillator) [] Pulmonary hypertension
[] Chronic high-dose narcotic use [] Aortic stenosis
[] Use of insulin [] Pacemaker

REVIEWED.
NO EXCLUSIONS PRESENT.
Ordering Provider Initials

TO SCHEDULE: FAX completed form to (734) 998-2323. We will contact the patient.