

# Duke Gastroenterology Referral Form



Phone **919-684-6437**

Fax **919-479-2664**

*For referrals within Duke Health, submit referral requests via MaestroCare.*

*Providers can submit referrals through Duke MedLink. MedLink is a secure, web-based application that allows referring providers quick and convenient read-only access to view patients' medical records, place orders and referrals, and send secure messages to Duke physicians. View more information about Duke MedLink at [Physicians.DukeHealth.org/MedLink](https://Physicians.DukeHealth.org/MedLink)*

## Referral Requests

Please fax this completed referral form with all pertinent GI clinic notes, procedure and pathology reports, labs and imaging to the Duke GI Access Center at 919-479-2664. Your patient will be contacted after this information is received. Duke Gastroenterology can provide direct to procedure scheduling depending on the requested service and patient's health history.

## Referring Provider Information

Requesting Provider:	Date:
Hospital / Facility Name:	
Office Address:	
Office Phone:	Office Fax:
Office Contact Name:	

## Patient Information *Please provide a copy of insurance card front and back*

Patient Name:	Date of Birth:	
Address:		
Home Phone:	Mobile Phone:	Email:
Primary Insurance:	Member ID #:	
Secondary Insurance:	Member ID #:	
Diagnosis including ICD 10 code for consult or procedure referral:		

## Referral Priority

Routine     Urgent

## Referral for GI Clinic Evaluation

- General GI
- Esophageal       Motility testing       Barrett's esophagus
- Pancreatic/Biliary       Biliary diseases       Chronic pancreatitis       Abnormal imaging
- Hepatology
- Inflammatory bowel disease
- Small bowel
- Pre-transplant evaluation     Post-transplant care     Liver     Small bowel



# Duke Gastroenterology Referral Form

## Referral for Colonoscopy *The patient may require a pre-procedure clinic consult before scheduling.*

Submit patient's last history and physical, including medications and allergies.

- Colonoscopy (Select prep option)       Screening       Surveillance       Diagnostic

### Patient Information *Please select to determine bowel preparation.*

The patient's medical history includes:

- Heart failure       Electrolyte imbalance       Kidney disease – renal insufficiency or dialysis  
 Constipation       History of poor bowel prep

## Referral for Upper Endoscopy (EGD) *The patient may require a pre-procedure clinic consult before scheduling.*

- Upper Endoscopy (EGD)

Comments: \_\_\_\_\_

## Referral for Advanced Endoscopic Procedure(s) *The patient may require a pre-procedure clinic consult before scheduling.*

- ERCP       Double balloon enteroscopy       Transoral Outlet Reduction (TORe)  
 Upper EUS       Video capsule endoscopy       Endoscopic Sleeve Gastroplasty (ESG)  
 Lower/rectal EUS       POEM  
 Advanced Polyp Management       TIF

Recent Radiology was performed at: \_\_\_\_\_

## Referrals for Non-Endoscopic Procedures

- Esophageal Manometry Study (CPT 91010)  
 Esophageal manometry with 24-hour impedance and pH study (CPT 91010/ 91038)

Please note: esophageal testing will be performed off all anti-secretory therapy (Patients will be instructed to hold proton pump inhibitors for 7 days and H2RA medications for at least 2 days.) For testing ON anti-secretory therapy please specify reason(s):

- \_\_\_\_\_  
 Anorectal manometry (CPT 91120 / 91122)  
 Lactulose hydrogen breath test - SIBO (CPT 91065)  
 Helicobacter pylori breath test (CPT 78267 / 78268)  
 Hemorrhoid banding - submit colonoscopy or flexible sigmoidoscopy report (performed within 3 years) with referral  
 Fibroscan  
 Pancreatic function test

Provider signature and NPI are required for motility studies and breath tests. Stamped signatures are not accepted.

Provider's Signature: *required* \_\_\_\_\_

NPI: \_\_\_\_\_

*If page two is blank, do not fax.*

