



SOUTH HILLS
GASTROENTEROLOGY
ASSOCIATES

Howard O. Wilen, M.D. • Alfonso J. Barbati, D.O., FACOI • Shashi Kumar, M.D. • Bridger W. Clarke, M.D.

ENDOSCOPIC ULTRASOUND AND ADVANCED ENDOSCOPY PROGRAM

EUS/ERC/P/EMR REQUEST FORM/PATIENT INFORMATION SHEET: Please fax all pertinent records

Referring Physician _____

Address _____

Phone Number _____ Fax Number _____

Primary Care Physician _____

Address _____

Phone Number _____ Fax Number _____

PATIENT INFO

Patient Name _____

Address _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Alternate Phone _____

Insurance _____

ID# _____ Group# _____

PROCEDURE REQUESTED: EUS ERC/P EMR OTHER _____

Reason for Referral _____

ALLERGIES:	IV CONTRAST/IODINE	YES	NO
	LIDOCAINE	YES	NO
	ANY OTHER _____		

MEDICATIONS:	INSULIN	YES	NO
	ORAL MEDS-(HYPOGLYCEMIC AGENTS)	YES	NO
	IBUPROFEN	YES	NO
	ANTIPLATELET MEDS _____		
	BLOOD THINNERS _____		

Pradaxa -- Hold for 3 days prior to the procedure
 Coumadin -- Hold for 5 days prior to the procedure
 Plavix -- Hold for 7 days prior to the procedure
 Hold oral hypoglycemic medication on the day of your procedure; take 1/2 of insulin injection dose the day of procedure.

SCHEDULING SECRETARY: 412-469-5914