



**Texas Midwest Endoscopy Center**  
P: (325) 795-0053 F: (325) 795-0056

**DIRECT ACCESS REFERRAL FORM**  
**COLONOSCOPY AND EGD**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Patient Contact Phone Number: \_\_\_\_\_ Referring Physician's Name: \_\_\_\_\_

Referring Physician's Number: \_\_\_\_\_ Referring Physician's Fax: \_\_\_\_\_

Name of Person/Title Completing the Form if Other than Physician \_\_\_\_\_

**Which Patients Are Eligible For Direct Access Endoscopy?**

- Medically stable adult outpatients with specific accepted indications for endoscopy (see checklists below) can be referred through Direct Access Endoscopy without formal GI consultation.

**Which Patients Are Not Eligible?**

- Unstable or acutely bleeding patients or those with contraindication for endoscopy such as known or suspected perforation or high grade obstruction, severe or acute diverticulitis, fulminant colitis, uncorrectable coagulopathy or thrombocytopenia, unstable cardiac or pulmonary conditions.
- Patients requiring advanced endoscopic procedures (such as photodynamic therapy, argon plasma coagulation, cryotherapy, mucosal resection, saline-assisted piecemeal polypectomy, laser, dilation, EUS-guided interventions such as celiac plexus block/neurolysis, pseudocyst drainage, etc.).

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**COLONOSCOPY** Indications (please select applicable indication):

- ⇒ Average risk and asymptomatic persons 50 years of age and older (screening colonoscopy)
- ⇒ Above average risk persons with a 1st degree relative with colorectal cancer or adenoma, starting at age 40 or 10 years before the youngest case in the immediate family, whichever is earlier (screening colonoscopy)
- ⇒ Presence of occult blood in stool or bright red blood per rectum (heme and stool)
- ⇒ An abnormal barium enema which requires further evaluation (filling defect or stricture)
- ⇒ Unexplained iron deficiency anemia
- ⇒ Prior history of polyps

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**EGD** Indications (please select applicable indication):

- ⇒ Upper abdominal distress or dyspepsia that persists despite an appropriate trial of therapy or is associated with anorexia or weight loss, or history of NSAIDs or other ulcerogenic drugs
- ⇒ New-onset dyspepsia in individuals over the age of 50
- ⇒ Esophageal reflux symptoms which persist or recur despite appropriate therapy
- ⇒ Chronic iron deficiency anemia with the clinical exam suggesting an upper GI source or a negative colonoscopy
- ⇒ An abnormal radiologic test that needs confirmation or specific histologic diagnosis

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Referring Physician Signature: \_\_\_\_\_

**\*Please attach a copy of patient's H/P, medication list, and front and back of insurance card and demographic sheet.**

(Internal Use Only) Date: \_\_\_\_\_ Time: \_\_\_\_\_ Prep sent: \_\_\_\_\_

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