



**The Frist Clinic Endoscopy Request**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Telephone Number: \_\_\_\_\_

**Fax Number: 615-342-5943**

\_\_\_ Dr. Thomas Lewis    \_\_\_ Dr. Saeed Fakhruddin    \_\_\_ Dr. Anjali Shah    \_\_\_ First available

\_\_\_ Dr. Ira Stein    \_\_\_ Dr. Jonathan Schneider    \_\_\_ Dr. Matthew Neff

**PLEASE ATTACH A LEGIBLE COPY OF INSURANCE CARD(S), A  
DEMOGRAPHIC SHEET, AND OBTAIN REFERRAL IF REQUIRED**

Type of Procedure

\_\_\_ Routine Screening Colonoscopy (Circle: No History    Phx Colon Polyps    PHx colon cancer

Family Hx of Colon Cancer-*Circle*: father, mother, sister, or brother)

\_\_\_ Colonoscopy (diagnostic)    diagnosis: \_\_\_\_\_

\_\_\_ Flex Sigmoid    diagnosis: \_\_\_\_\_

\_\_\_ EGD    diagnosis: \_\_\_\_\_

\_\_\_ EUS (Circle: Rectal    Upper)    diagnosis: \_\_\_\_\_

\_\_\_ ERCP    diagnosis: \_\_\_\_\_

\_\_\_ Consult (Office Visit)    diagnosis: \_\_\_\_\_

\_\_\_ Other    diagnosis: \_\_\_\_\_

If patient has had a colonoscopy in the past, please give the year: \_\_\_\_\_

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

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

(Signature stamp is NOT valid)

**330 23<sup>rd</sup> Ave N Suite 300**

**Nashville, TN 37203**

**615-342-6010**

Updated 04/2019