Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

330 Brookline Avenue
Boston, MA 02215
www.bidmc.org

Requisition for Ordering an Upper Endoscopy (EGD)

Fax completed requisition to 617-754-8325. To schedule a procedure, please call 617-754-8888.

***A completed requisition is required before scheduling.**

Patient Name:_____ **DOB:** _____

BIDMC MR# (if available):_____ **Patient Phone #:**_____

Date and location of last EGD (if known):_____

Please fax any relevant clinical notes including any past GI procedures and a medication list. Records may be needed for insurance approval.

Procedure	Check one
EGD	
EGD & Colonoscopy	
Other:	

Screening Questions	Yes	No
Is the patient's weight over 300 lbs.?		
Has the patient had difficult endoscopic procedures in the past?		
Does the patient regularly use sedatives or narcotics?		
Does the patient have sleep apnea and use CPAP or BIPAP?		

Indication	ICD-10	Check any that apply
Achalasia	K22.0	
Anemia	D64.9	
Barrett's Esophagus	K22.70	
Celiac disease	K90.0	
**Dyspepsia	K30.0	
Dysphagia	R13.10	
**Epigastric Pain	R10.13	
Esophageal Dysmotility/Spasms	K22.4	
Esophagitis	K20.9	
**GERD	K21.9	
H.pylori	B96.81	
Intestinal Metaplasia	K31.A0	
Other:		

****If EGD is being ordered for dyspepsia, GERD or epigastric pain, an office note within the past six months documenting at least one of the following is required. Please indicate which is relevant to this patient:**

- ☐ Trial of empiric therapy of PPI – at least one PPI daily for 8 weeks OR twice daily PPI for 4 weeks
- ☐ Documentation of unintended weight loss >5% within the past 6-12 months
- ☐ Family history of esophageal, gastric or duodenal malignancies in a first-degree relative
- ☐ Persistent vomiting >7 days
- ☐ Documentation of dysphagia or odynophagia characterized by chest pain on swallowing.

If none of the above apply, we will schedule an office visit for evaluation prior to scheduling an EGD.

Ordering Physician Information

Physician Signature:_____ **Date:**_____

Print Name:_____ **Phone:**_____ **Fax:**_____

Address: