

Dear _____

In order to best assist you and your patient with both expedient and accurate visit scheduling, CRMC's General Surgery clinic requests the following information:

❖ If the referral is regarding endoscopy (EGD, colonoscopy):

- Has your patient ever (in their lifetime) had a colonoscopy? Yes / No
 - The patient's last colonoscopy was performed on ____/____/____
 - Performing facility name _____
 - Please Include all pathology or endoscopy reports with referral.
- Is this a first-time endoscopy? Yes / No
 - Has the patient reported GI symptoms/complaints?
 - If no reported complaints: The patient visit will be for introduction and questions only.

❖ If the referral is regarding hernia consultation:

- Has any imaging been performed?
 - Please be sure to note specific physical exam findings and/or include the report.

❖ If the referral is for gallbladder consultation:

- Has any imaging been performed?
 - If a negative CT or ultrasound has been resulted, a HIDA scan would be appropriate prior to surgical visit.
 - Date of HIDA scan _____
 - Please include the report.

Thank you for helping us improve our scheduling process.

With sincere regards,

CRMC Specialty Clinic
Dr. Michelle McGuirk
Dr. Brittany Love
General/Trauma Surgery