



Patient Name	_____
Date of Birth	_____
MRN	_____
CSN	_____
Please Fill in or Affix a Patient Label	

AppGastro  
870 State Farm Road, Suite 102, Boone, NC 28607  
Telephone 828-264-0029 Fax 828-265-3305

**Colon Cancer Screening Program & Diagnostic Referral Form #11913**

**Thank you for your referral!** Please review and check the appropriate information below. This will help to ensure your patient is scheduled with the appropriate type of provider. Fax this form, a copy of the patient's current insurance card, demographic information and pertinent medical records to our office at 828-265-3305. Our Scheduler will contact the patient and fax a confirmation including appointment details to your office.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Referring Provider \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Non-diagnostic Referral** If patient meets one of these criteria, they may be scheduled with a Registered Nurse prior to the procedure.

Preventive Screening Colonoscopy - Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years. Generally paid at 100% by most insurance companies.

**IF patient is 45 - 49 years of age, they are advised to call their insurance company for confirmation of coverage.**

Surveillance (High Risk) Colonoscopy - Patient has past GI symptoms, polyps, GI disease or anemia OR patient is asymptomatic (no GI symptoms either past or present), has a personal history of GI disease, personal and/or family history of colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g., every 2-5 years). Generally applied to a deductible and/or coinsurance by most insurance companies.

**Diagnostic Referral** These patients will be scheduled with a Nurse Practitioner, Physician Assistant or Medical Doctor prior to the procedure.

Diagnostic Colonoscopy or Flexible Sigmoidoscopy – Patient has past and/or present gastrointestinal symptoms (diarrhea, constipation, abdominal pain, etc.), polyps, GI disease or anemia. Generally applied to a deductible and/or coinsurance by most insurance companies.

Upper GI Symptom such as blood in stool, bowel habit changes, stomach pain, weight loss, heartburn, swallowing difficulties, nausea, vomiting, GERD, anemia, Barrett's esophagus, gastritis.