BRIGHAM AND WOMEN'S HOSPITAL
Endoscopy Center

Complete and fax back to: 617-732-9798
Any questions? Please call: 617-732-7426

GI EGD	**Order Request**
Patient Name:	BWH MRN:
Birth Date:	Patient Phone #:
Ordering Provider Name:	NPI#:
Practice Name:	Contact person for any questions:
Full Address:	Phone #:
Email:	

Signs and Symptoms (select one or more):	
☐ Dysphagia	☐ Odynophagia
☐ Heartburn-refractory to meds	☐ Heartburn-chronic
☐ Epigastric pain	☐ Non-cardiac chest pain
☐ Weight loss	☐ Nausea and vomiting
☐ Hematemesis	☐ Melena or GI bleeding
☐ Heme positive stool	☐ Barrett's Screening
☐ Other: ______________________	

Relevant History (select one or more):
☐ Request performing GI physician (specify):
☐ Abnormal prior imaging (specify):
☐ History of GI Bleeding
☐ Known Malignancy (specify):
☐ Unexplained iron deficiency anemia
☐ Malabsorption
☐ Immunocompromised
☐ Follow up ulcer (specify):
☐ Follow up Barrett's esophagus
☐ History of esophageal stricture
☐ History of gastric bypass
☐ Other: ________________________

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Differential Diagnosis (select one or more):

- ☐ Obstruction
- ☐ Ulceration
- ☐ Malignancy
- ☐ Stricture
- ☐ Infection
- ☐ Esophagitis
- ☐ Celiac disease
- ☐ Graft vs. Host disease
- ☐ Other____________________________

Decision Support

Endoscopy Comorbidity Risk: Please check all that apply.

- ☐ Morbidly obese (BMI greater than 40)
- ☐ Sleep apnea, or use of supplemental oxygen/Continuous Positive Airway Pressure (CPAP)
- ☐ History of clinically significant arrhythmia, pacemaker or Automatic Implantable Cardioverter-Defibrillator (AICD)
- ☐ Bleeding Disorder or on chronic anticoagulation, e.g. Coumadin or antiplatelet therapy.
- ☐ Insulin-dependant diabetes
- ☐ Clinically significant heart failure or kidney failure
- ☐ Chronic use of opioid medications
- ☐ Any medical conditions that may preclude moderate sedation (including a history of difficult intubation and /or any anatomical airway changes)?

OR

- ☐ None of the above apply

This information is presented to assist you in providing care to your patients. It is your responsibility to exercise your independent medical knowledge and judgment in providing what you consider to be in the best interest of the patient

Additional Comments (optional):