

OPEN ACCESS COLONOSCOPY (OPAC) REFERRALS

Thank you for choosing St. Peter's Health Medical Group Endoscopy! We look forward to partnering with you. Completing and submitting this referral sheet will help us provide the highest quality patient care. Please attach demographic information to this form and **fax all information to us at 406-447-2587**

To qualify, patients must be age 45-75 and have one of the following indications:

- Screening
- Surveillance/history of adenoma or colon cancer
- Family history of colon cancer in one first-degree relative or two second-degree relatives
- Positive occult stool blood test

Open access disqualifiers:

- MI, stroke or blood clot within the past three months
- Cardiac defibrillator
- ICU hospitalization within the past three months
- Cardiac ablation within the past four months
- End-stage renal disease/on dialysis
- Congestive heart failure
- Poorly controlled COPD/Asthma

Does patient meet open access colonoscopy (OPAC) criteria: Yes No

Diagnosis:

Date of last colonoscopy: _____ **Or N/A:**

Where was last scope performed? _____

Referring to:

- | | |
|--|---|
| <input type="checkbox"/> No preference/first available | <input type="checkbox"/> Dr. Matthew Goldes |
| <input type="checkbox"/> Dr. Lauren Shea | <input type="checkbox"/> Dr. Rob Maher |
| <input type="checkbox"/> Dr. Emily Bubbers | <input type="checkbox"/> Dr. James Verlanic |
| <input type="checkbox"/> Dr. John Galt | |

Provider signature: _____

Please send last office visit note, demographics and most recent colonoscopy report if done outside of St. Peter's Health. Our providers will review all documents once received and your patient will be called to schedule.

Thank you again for choosing St. Peter's Health!

Best Regards,
St. Peter's Health Endoscopy