



Department of Endoscopy

Fax Cover Sheet

Fax Number: (774) 443-7028

Phone Number: (508) 334-8036

Date: _____

Pages: _____

From: _____

Return Fax #: _____

Return Phone #: _____

Patient Name: _____

DOB: _____

MRN: _____

Please Include the following with every request:

1. Order / Request for Procedure (EGD, COLO, EUS, etc.)
2. Diagnoses for Procedure
3. Urgency
4. Insurance Referral
5. Most Recent Clinical Notes and PCP note Including:
 - a. Last Health and Physical
 - b. Cardiac Clearance / Cardiology Notes
 - c. Diabetes Information / Endocrinology Notes
 - d. Respiratory Concerns / Pulmonology Notes
 - e. Recent Labs
 - f. BMI
6. Previous Procedure Reports & Imaging