



Center for Advanced Gastroenterology

Raouf Hilal, MD Joseph Quagliata, MD Andria Mushahwar, MD Paul Panzarella, MD

Express Screening Colonoscopy Referrals

Attached is a form for the primary physician to fill out and fax to our office along with the most recent History and Physical, in order to schedule the procedure.

Criteria for Screening Colonoscopy:

No GI Symptoms

No major Medical Problems

Criteria that Excludes a patient for Express Colonoscopy:

1. Age 75 years or Older
2. Under treatment for congestive heart failure, or heart valve related concern.
3. Under treatment for kidney disease
4. Under treatment for severe emphysema
5. On Anticoagulants/ Antithrombics and cannot safely be off for 3-5 days.
6. Under active treatment for Diverticulitis
7. Pregnant or possibly pregnant
8. The patient has:
 - Positive Hemocult test
 - Anemia/ Hematochezia or blood in stool
9. Has a history of inflammatory bowel disease (Crohns/ Ulcerative Colitis).
10. Has a pacemaker and/ or Implantable defibrillator.
11. Has a Hx of sleep apnea.
12. Has Hx of difficulty with pervious anesthesia or sedation.
13. Has Hx of difficult, incomplete, or poor colonoscopy prep.
14. Has Hx of Oxygen use for severe chronic illness (Cardiac/Hepatic/Renal).
15. Has Hx of endocarditis, rheumatic fever, heart valve replacement.

If the patient has any of the above conditions, he/ she will not be a candidate for direct access colonoscopy (Express Colonoscopy).

Please Fax the referral form, along with the patients insurance and contact information to my office: 407-644-5270.

Our office will contact the patient and provide the preparation and instructions.



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Express Screening Colonoscopy Form

Date: _____

Referring Physician: _____

Phone#: _____ Fax#: _____

Patient: _____ DOB: _____

Procedure: Screening Colonoscopy (Age < 75, Average Risk – No Symptoms)

Past Medical History:

Allergies:
Current Medications:

Note: Any Anticoagulants/Anti-Inflammatories or Blood Thinners need to be discontinued 3 days prior to procedure.
History of mechanical heart valves or any heart murmurs require prophylactic antibiotic therapy
 Yes No

Vital Signs: BP _____ WT _____ P _____ R _____
Lungs: _____
Heart: _____ (if pacemaker in place need copy of card)
Neurologic: _____

Patient is cleared to undergo a screening colonoscopy ____ YES ____ NO

Requesting Physician's Signature _____ Date _____

This clearance is valid for 60 days from above date