



Citrus Valley Health Partners

GI Scheduling Form

Campus:	<input type="checkbox"/> FPH
	<input type="checkbox"/> ICH
	<input type="checkbox"/> QVH

Procedure Information

Procedure Date (mm/dd/yy): _____ Start Time (hh:mm): _____ AM PM Est. Length: _____ min

Physician: _____

Procedure: EGD Colonoscopy ERCP Small Bowel Enteroscopy Bronchoscopy
 Flexible Sigmoidoscopy Other: _____

CPT Codes: _____

Diagnosis
(No Abbreviations Please): _____

ICD-10 Codes: _____

Anesthesia Type *(Please Choose One)*: Moderate Sedation Anesthesiologist Required

Special Considerations (e.g. allergies & isolation): _____

Patient Information

Last Name: _____ First Name: _____

Gender: Male Female Date of Birth: _____ Social Security Number: _____

Primary Language Spoken: English Spanish Other: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Address Type: Home Long-term Care Facility SNF Other: _____

Street: _____ City: _____ State: _____ Zip: _____

Primary Care Physician's Name: _____ Phone: _____

Insurance & Admission Information

Insurance: _____ Policy Number: _____

Insurance ID: _____ Authorization Number: _____

Admit Type: AM Admit Outpatient Surgery 23-Hour Stay Inpatient - Room: _____

Supply and Equipment Information

C-ARM/Fluoroscopy: Yes No

Special Equipment/Requests: _____

Completion Information

Person Completing Form: _____ Date: _____

Phone: _____ Ext.: _____ Fax: _____

Please fax all QVH and ICH Booking Sheets to 626-814-2581