

**INTERVENTIONAL ENDOSCOPY SERVICES
PATIENT REFERRAL FORM**

200 UCLA Medical Plaza - Suite 365A - Los Angeles - CA - 90095
(P): (310) 267-3636 (F): (310) 206-0007 www.uclahealth.org/gastro/ies

Referring MD _____ **Specialty** _____
 Street _____ Suite _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____
Office Contact: _____ **Date** _____

PATIENT INFORMATION (Please print)

Last _____ First _____ MI _____
 Date of Birth (mm-dd-yy) _____ Gender Male Female
 SSN _____ UCLA ID (optional) _____
 Street _____ Apt# _____
 City _____ State _____ Zip _____
 Home: _____ Work: _____ Cell: _____

DIAGNOSIS: _____ **ICD-10:** _____

Priority: STAT (24hours) Urgent (72 hours) 2-4 weeks Elective - _____
Pt. History: Diabetes Cardiac Renal Failure Pulmonary Allergies _____

Office Visit: New Patient Consultation (99245) Follow-up Office Visit (99215)
 Obesity Specific Consultation (99245) POEM Consult (99245)
 TIF Consult

Procedure:

Sedation - Please select based upon patient history and procedure type

Moderate / Conscious Sedation Anesthesia - (with authorization if needed)
 No Sedation Upper (00731) Lower (00811)

Endoscopic Ultrasound with possible FNA
 UPPER - (43239, 43259, 43242) EGD with Biopsy - (43239)
 Add Celiac Plexus block - (64680) Add Dilation - (43249)
 LOWER - (45330, 45331, 45341, 45342, 76872) Add Pneumatic Dilation - (43233)
 Add Stent - (43266)
 Add EMR - (Upper) - (43254)
 Add 48-Hour pH capsule - (43235, 91035)
 ON PPI meds OFF PPI meds

ERCP (43260) - Requires anesthesia code (00732)
 Add Biopsy - (43261) Endoscopy with Ablation
 Add Balloon dilation - (43277) RF Ablation - (43229, 43270)
 Add Stone removal - (43265) Cryo Ablation - (43229, 43270)
 Add Stent placement - (43274)
 Add Stent change/removal - (43275, 43276)
 Add Sphincterotomy - (43262, 43276, 43277)
 Add Cholangioscopy/Spyglass (43273, 47552, 43265)

Enteroscopy - (44361) - Requires Anesthesia
 Upper Lower Colonoscopy - (45378, 45380, 45385)
 Add Stent - (45389, 74360)
 Add Polypectomy / EMR - (45385, 45390)

Confocal Laser Endomicroscopy
 Esoph/Gastric/SmBwl - (43239, 43206, 43252) Flex-Sig & Bx - (45330, 45331)
 Pancreatic - (43261, 43274, 48999) Flex-Sig & EMR - (45330, 45338)
 Biliary - (43261, 43273, 43274, 47999) Flex-Sig & Stent - (45330, 45389, 74360)
 Colon - (45388, 44799) _____

Available Physicians and Locations (optional)

Note: Physician/Location requests are not guaranteed and may change based upon procedure type or complexity.

Raman Muthusamy, MD First Available MD
 Westwood

Alireza Sedarat, MD Stephen Kim, MD Adarsh Thaker, MD Danny Issa, MD
 Westwood Westwood Westwood Westwood
 Santa Monica Santa Monica Santa Monica Santa Clarita
 Burbank West Hills