

# Scheduling for Procedure – Digestive Medical Services, Inc.

COLONOSCOPY     ENDOSCOPY

**Laurence Entsuah MD (Board Certified: Internal Medicine & Gastroenterology)**

Name: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Address: \_\_\_\_\_ ID #: \_\_\_\_\_  
 \_\_\_\_\_ Group #: \_\_\_\_\_  
 Age \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_  
 Tel #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ SS# \_\_\_\_\_  
 Family Physician / Referring Physician \_\_\_\_\_

## PROCEDURE LOCATIONS

<input type="checkbox"/> <b>Eastside Surgery Center</b> 4850 East Main Street <b>Columbus OH 43213</b> 614-575-6310 <b>Friday afternoon</b>	<input type="checkbox"/> <b>Knightsbridge Surgery Center</b> 4845 Knightsbridge Blvd <b>Columbus OH 43214</b> 614-273-0401 <b>Variable schedule</b>	<input type="checkbox"/> <b>Riverview Surgery Center</b> 2401 N. Columbus St <b>Lancaster OH 43130</b> 740-681-2700 <b>Tuesday morning</b>
<input type="checkbox"/> <b>Grant Hospital</b> 111 S Grant Ave <b>Columbus OH</b> 614-566-9032 <b>Thursday morning</b>	<input type="checkbox"/> <b>St. Ann's Hospital</b> 495 Cooper Rd Suite 100 <b>Westerville OH 4301</b> 614-898-8862 <b>Wednesday morning</b>	<input type="checkbox"/> <b>Fairfield Medical Center/Hos</b> 401 North Ewing Street <b>Lancaster OH 43130</b> 740-687-8158 <b>Monday morning</b>

**Preferred date for procedure:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Arrive: 1 hour before procedure time**

<u>Screening colonoscopy:</u>	<u>Diagnostic colonoscopy</u>	<u>Endoscopy</u>	<u>Capsule endoscopy</u>
<input type="checkbox"/> Age >50	<input type="checkbox"/> Blood in stool	<input type="checkbox"/> Anemia	<input type="checkbox"/> Occult bleeding
<input type="checkbox"/> Age >45 African Americans	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Crohn's disease
<input type="checkbox"/> Fhx colon cancer or polyps	<input type="checkbox"/> Anemia/Weight loss	<input type="checkbox"/> Weight loss	<input type="checkbox"/> R/o small bowel tumor
<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> Change in bowel habits	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Abnormal imaging
<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Abnormal imaging	<input type="checkbox"/> Difficulty swallowing	

### MEDICAL DATA:

Height \_\_\_\_\_ Weight \_\_\_\_\_  lbs /  Kg BMI \_\_\_\_\_ > 50; select a hospital for the procedure

	YES	NO
Need for prophylactic antibiotics for dental work	<input type="checkbox"/>	<input type="checkbox"/>
Mitral Valve Prolapse	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/> <b>yes; select a hospital for the procedure!</b>
Defibrillator / AICD	<input type="checkbox"/>	<input type="checkbox"/> <b>yes; select a hospital for the procedure!</b>
Sleep Apnea with C-PAP or BiPAP	<input type="checkbox"/>	<input type="checkbox"/>

Pressure settings: \_\_\_\_\_ if greater than 16mmHg; select a hospital for the procedure!

**Medications:**

Coumadin       Plavix       Daily Aspirin/NSAIDS      **stop it 3 days before the procedure**

Iron      -      **Stop it 7 days before colonoscopy**

Insulin and other diabetic medications      -      **Do not take them the morning of the procedure**

Hypertension or high blood pressure medications -      **Please take them the morning of the procedure**

**Previous Surgeries:**

Previous colonoscopy:      Month: \_\_\_\_\_      19\_\_ / 20 \_\_

Previous endoscopy:      Month: \_\_\_\_\_      19\_\_ / 20 \_\_

Gallbladder       Hysterectomy       Bladder suspension       Kidney surgery

Prostate surgery       Transplant surgery       Endometriosis surgery       Hernia Repairs

**IMPORTANT REMINDERS:**

Please note you will be seeing a specialist and there may be some waiting time for all of our patients.  
**You are expected to pay your co-pay in full at each visit and the specialist co-pay may be higher than at your primary care physicians office. Your health insurance provider expects us to collect the copay. Deductibles will be collected if applicable.**

If you cannot keep your appointments please notify us 24 hours in advance or you will be charged a fee of \$50.00 for office visit and \$80.00 for procedures. Please no food or drinks in the office. Thank you!

**AFFILIATIONS:**

**Preferred Procedure Location(s):**

Medical Group of Ohio (MGO Ohio)

Ohio Health Group \_\_\_\_\_ Eastside Surgery Center or Grant Hospital

NGS – OSU \_\_\_\_\_ Knightsbridge Surgery Center

Mount Carmel Health Partners \_\_\_\_\_ St Ann’s Hospital

Fairfield Medical Center \_\_\_\_\_ Fairfield Medical Center