



St Thomas Lebanon Gastroenterology
615-449-6222

OPEN ACCESS COLONOSCOPY

Patient Name _____

DOB _____

Primary phone number _____

****PLEASE ATTACH INSURANCE CARDS & LAST OFFICE NOTE****

FAX TO: 615-453-1893

Referring Physician Name _____

Fax # _____ Phone # _____

Select preference of physician: Dr. Brett Inglis Dr. Brendan O’Hare Dr. Patrick Saitta
 Dr. Kylie Swearingen no preference

Patient to be seen for: Colonoscopy

Is this STAT? _____

Diagnosis\Diagnosis code _____

DOES THE PATIENT HAVE ANY OF THE FOLLOWING CONDITIONS:

_____ HEART DISEASE

_____ DIABETES

_____ LUNG DISEASE

_____ ANTI-COAGULANT USE

_____ BMI >45

Ascension Medical Group St Thomas Lebanon Gastroenterology will contact the patient to schedule the procedure and give instructions for the colonoscopy.

Procedure will be performed at: 100 Physicians Way,
Suite 340
Lebanon , TN 37090