



OVERLAKE
INTERNAL
MEDICINE
ASSOCIATES

Gastroenterology

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Phone: 425-467-0150

Patient Name: _____ **DOB:** _____

Daytime Contact Number: _____ (can not have call blocking)

Fax this form to: 425-467-0599 or 425-777-9864

Type of visit requested:

Consultation/Colonoscopy **with** pre-procedure visit – Any gastrointestinal issue

Reason for Exam/Consult: _____

Colonoscopy **without** pre-procedure visit (Direct Screening Colonoscopy)

We offer Direct Screening Colonoscopy for generally healthy patients who are:

- **Asymptomatic (no anemia, pain or change in bowel habits)**
- **Between the ages of 50 and 75**
- **Have had a physical exam within the past 12 months**

Please note: Not all insurance plans cover "Screening" Colonoscopy. Medicare screening colonoscopy must be 48 months from the last flexible sigmoidoscopy or 10 years from the last colonoscopy. This does not apply to patients with symptoms.

Ordering Physician

Fax Number

Date

For OIMA use only
The above patient has been scheduled for a _____ with Dr. _____
On _____ at _____ AM/PM. Questions? Please call 425/467-0150.
Attempted Dates:
1 st _____ 2 nd _____ Date returned to referring office: _____
Reason for return: _____