

Gastroenterology

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 Patient Name:
 DOB:

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

Fax this form to: (425) 467 - 0599

Type of visit requested:

Consultation/Colonoscopy with pre-procedure visit - Any gastrointestinal issue \square

Reason for Exam/Consult:

- Colonoscopy **without** pre-procedure visit (Direct Screening Colonoscopy) \square 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.

Fax Number

Date

For OIMA use only	
The above patient has been scheduled for a	with Dr
On at AM/F	PM Questions? Please call 425/467-0150
	Wi. Questions: 1 lease can +25/+67/0150.
Attempted Dates:	
1st 2nd Date returned	ed to referring office:
Reason for return:	