NMC health®

SURGICAL SPECIALISTS

Scheduling Your Patient's Colonoscopy

4 easy steps!

1 Patient Information

Name _____ Date of Birth _____

2 Is it diagnostic?

☐ **Yes.** This includes follow-up to colonoscopies that were abnormal, issues with bleeding, etc.

☐ **No.** This patient is due for their recommended, regular screening.

- When is the patient due for their procedure? _____

3 Which surgeon?

☐ First available

☐ Ann Hutchison, MD

☐ Brittany Love, MD

☐ John McConeghey, MD

4 Please attach:

☐ Order for procedure

☐ Demographics

☐ Most recent history & physical

☐ Recent labs

☐ Copy of last colonoscopy

Ordering Physician _____

Name Signature Date & Time

SEND TO: (F) 316-283-2968 | nsg@myNMCHealth.org | PO Box 308, Newton KS 67114

What happens next? We handle the rest.

Once we receive the requested items, we will call the patient within the week to schedule the procedure or for further consultation.

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Questions? Call us at 316-283-0027