

Memorial Hermann Northeast Direct Screen Colonoscopy Referral Form

Memorial Hermann Northeast Endoscopy Services
18951 North Memorial Dr., Humble, TX 77338
Phone: 281.540.7995 Fax: 281.540.7399 or Patient Phone Direct: 346.323.2656

Patient Face Sheet is attached. *(If not attached, fill out the demographic information below.)*

Patient Name: _____

Patient's Date of Birth: _____ Patient's Email: _____

Patient's Address: _____

Patient's Home Phone: _____ Work: _____ Cell: _____

Insurance: _____

Policy Number: _____ Group Number: _____

Primary Card Holder's Name: _____ Date of Birth: _____

Pharmacy Name: _____ Pharmacy Number: _____

Preferred Procedure Date: _____

NOTE: In order for patients to be candidates of the Direct Screen Colonoscopy Program, the patient must NOT have any of the following symptoms:

- Rectal bleeding
- Abdominal Pain
- Change in bowel habits
- Previous polyp removal
- Unexplained weight change
- Chronic diarrhea

PLEASE FAX or EMAIL REQUEST AND COPY OF INSURANCE CARD TO: 281.540.7399

To be filled out by Memorial Hermann Northeast Endoscopy representative:

Your patient has been scheduled for a screening colonoscopy on: _____

with Provider Name: _____

Referring Physician: _____

Referring Physician Phone#: _____ Referring Physician Fax#: _____

I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

Provider Signature Print Name NPI/MHHS ID. Date Time Contact No.

MEMORIAL
HERMANN

Direct Screen Colonoscopy
Referral Form

