

Laurel Ridge Surgical Associates
196 West Main Street
Uniontown, PA 15401
Fax 724-439-1337
Ph: 724-439-1020



- 1st Available Surgeon
- Dr. Blass (when available)
- Dr. Reilly
- Dr. Vanek
- Dr. Ball
- Dr. Saleem

Direct Schedule Scope Fax Request

Patient Name: _____ **Date of Birth:** / /

Preferred Phone # to call patient : _____ **Work:** _____

Home: _____

Cell: _____

Insurance Name: _____ **SSN** _____

Type of Scope Requested:

- EGD
- Colonoscopy

Reason:

- GERD refractory to OTC rx
- Dysphagia
- Epigastric Pain
- Anemia
- Screening colonoscopy
- Family Hx of colon CA
- Change in Bowel Habits
- Unexplained Wt loss
- Heme positive stool
- Other: _____

- The patient is medically clear for the requested procedure**
- The patient has not been on blood thinners for at least 5 days**

_____**MD** **Date:** _____

Physician signature (no stamps please)

We will scope your patient as quickly as possible and forward the results back to you for further evaluation or treatment as you feel indicated. Patients on bloodthinners or with drug eluting cardiac stents must be evaluated in our office first, so we can review risks with the patient and take the appropriate precautions.

Thank You,

The Staff and Surgeons of Laurel Ridge Surgical Associates