



INTERVENTIONAL ENDOSCOPY SERVICE REFERRAL FORM

Referral Information:

Priority (Check One)

Urgent

ASAP (< 2 weeks)

Routine

Requesting Physician: _____ Specialty: _____ PCP (Name): _____

Office Contact: _____ Phone: _____ Fax: _____

Patient Information:

Patient Name: _____ Date of Birth: _____

Best Contact Number: _____ Gender: Male Female

Diagnosis:

(Please indicate diagnoses codes to the highest level of specificity)

Reason for referral:

Procedure(s):

EUS

ERCP

ESWL (Lithotripsy) FOR
PANCREATIC STONES

RFA/CRYOABLATION

BALLOON ENTEROSCOPY

ZENKER'S MYOTOMY

MUCOSAL RESECTION (EMR/ESD)

OTHER _____

SPY DS

PER ORAL ENDOSCOPIC
MYOTOMY (POEM)

(Cholangioscopy/Pancreatocopy)

Institute:

Digestive Diseases Institute | Phoenix Downtown Campus

1441 N. 12th St.

Phoenix, AZ 85006

Digestive Diseases Institute | Sun City Campus

13650 N 99th Ave

Sun City, AZ 85351

For your convenience, our dedicated team can evaluate patients in clinic at either campus.

Teodor Pitea M.D. | Rawad Mounzer M.D.

Office: 602.521.5180 | Fax: 602.521.5179

Please return the referral form along with pertinent records, including (last office visit, medication list, last endoscopy, imaging) and current insurance information to fax number 602.521.5179 or an email to Glscreening@BannerHealth.com

If you have additional questions, have not heard from us, or need additional forms, please notify the department at either the phone number or email address provided. We look forward to serving your needs.

Thank you for your referral!