

**Northwestern Medicine McHenry Hospital**

 Phone: 815.759.4370  
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 **Northwestern Medicine Huntley Hospital**

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INDICATORS/DIAGNOSIS \_\_\_\_\_

ALLERGY	REACTION

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

 Smoker:  Yes  No

<b>ENDOSCOPY ORDERS</b>			
Name:	DOB:	Home phone:	Cell:
Diagnosis:	Scheduled for Date:		Time:
Procedure (CPT Code):	H&P performed by:		
ICD10 Code:			
<b>Pre-Procedure:</b>			
1.			
<input type="checkbox"/> Start IV 1000 mL 0.9% Sodium Chloride at 40 mL/hour. Use #20 or #22 catheter. <input type="checkbox"/> 1% Lidocaine subcutaneous for IV start.			
2.			
<input type="checkbox"/> Anesthesia consult			
3. Consent for Exam (Check one)			
<input type="checkbox"/> Esophagogastroduodenoscopy, possible biopsy (Additional: possible dilation: Sclerotherapy; variceal banding; percutaneous gastronomy tube placement). <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography, possible Sphincterotomy. <input type="checkbox"/> Colonoscopy, possible biopsy and/or Polypectomy <input type="checkbox"/> Bronchoscopy, possible biopsy <input type="checkbox"/> Other:			
4. Lab Orders			
<input type="checkbox"/> HCG Urine <input type="checkbox"/> Pre-op and post-op blood sugar for diabetic outpatients <input type="checkbox"/> Other:			

Physician's Name (Please Print)	Physician Signature	ID#	Date	Time
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