



CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

817 Commercial Street Leavenworth, WA 98826
Endoscopy/Colonoscopy Department p: 509-470-2042 fax: 509-548-1605

Endoscopy/Colonoscopy Department
Fax Cover Sheet

Date:

TO:

ATTN:

Fax #:

FROM: Cascade Medical Endoscopy/Colonoscopy Department

PAGES (including cover): 3

Contents: **Colonoscopy referral form**

Please respond !!

REFERRAL ORDER MISSING ITEMS

- Endoscopy Referral Form**
- Referral for the specific type of procedure** – EGD, Colonoscopy, Both, or flex sigmoidoscopy
- Face sheet:** mailing address, insurance & phone number
- H&P within 30 days of referral:** with medical/surgical history and updated medication list
- Last EGD/colonoscopy report**
- Prior authorization from insurance** – !! Please fax a copy of the PA !!

****Please do NOT advise your pt to call our facility.** The coordinator will contact your patient when this referral is completed.

Thank you for your interest in our Endoscopy/Colonoscopy services.

Services may be denied at the discretion of our provider/facility due to a variety of safety/facility reasons.

Confidentiality Notice: The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this information in error, any review, dissemination, distribution or copying this information is strictly prohibited. Please notify us immediately by telephone if you have received this in error. Thank you.



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Cascade Medical Center Endoscopy/Colonoscopy Referral

Patient Name: _____ DOB: _____ Pt Phone: _____

Code Status		Procedure	
<input type="checkbox"/>	Full Code	<input type="checkbox"/>	Upper Endoscopy (EGD)
<input type="checkbox"/>	DNR	<input type="checkbox"/>	Colonoscopy
<input type="checkbox"/>	Do not Intubate	<input type="checkbox"/>	EGD <u>AND</u> Colonoscopy
<input type="checkbox"/>	See POLST/Advanced Directive	<input type="checkbox"/>	Flexible Sigmoidoscopy
Indication		ASA Classification	
<input type="checkbox"/>	Screening	<input type="checkbox"/>	ASA I A normal healthy patient. No smoking, no or minimal drinking
<input type="checkbox"/>	Family History	<input type="checkbox"/>	ASA II A patient with mild systemic disease. Smoker, more than minimal drinking, pregnancy, obesity, well controlled diabetes, mild lung disease.
<input type="checkbox"/>	Guaiac/Cologuard Positive	<input type="checkbox"/>	ASA III A patient with severe systemic disease, not incapacitating
<input type="checkbox"/>	H/O Polyp Cancer When: What type of Polyp: Size:	Comments:	
<input type="checkbox"/>	Other:		
Relevant Medical History (please provide relevant information and/or consider preliminary evaluation for any affirmative responses) Please comment or have specific notes about medical history in H&P if the answer is YES:			
Medical History:		YES	NO
Significant active disease (Cardiac, Pulmonary, Renal, Hepatic, GI, Sleep Apnea)		<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus Comment if YES. Meds? Insulin? Stable?		<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulation? Comment if YES		<input type="checkbox"/>	<input type="checkbox"/>
History of infective endocarditis, prosthetic valve, complex congenital heart disease or surgery?		<input type="checkbox"/>	<input type="checkbox"/>
History of significant alcohol, narcotic use, or recreational drug use?		<input type="checkbox"/>	<input type="checkbox"/>
History of cardiac defibrillator implant or pacemaker?		<input type="checkbox"/>	<input type="checkbox"/>
Prior anesthesia adverse reaction?		<input type="checkbox"/>	<input type="checkbox"/>
History of constipation? (standard vs extended bowel prep)		<input type="checkbox"/>	<input type="checkbox"/>
Date Last Colonoscopy/EGD (please attach previous record)		<input type="checkbox"/>	<input type="checkbox"/>

Referring Provider: _____ Facility: _____ Phone: _____

Provider signature: _____ Date: _____



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Dear Colleague,

I'm reaching out to you to introduce the Cascade Medical Endoscopy Program and explore the possibility of establishing a referral process for your patients who might benefit from our services. Below is an overview of my background, the scope of our program, and what we offer to both patients and referring providers.

My Background

- Residency in Boise: Performed 50+ endoscopies (colonoscopies and EGDs) and completed a dedicated GI rotation.
- Post-Residency: Proctored for 1 year in North Idaho, completing 100+ additional procedures before receiving independent credentials.
- Cascade Medical (24 years): Established and have led the endoscopy program, performed 5,000+ procedures to date. I routinely attend advanced colonoscopy courses as part of my ongoing CME.

Scope of Practice

- Services: Screening and surveillance colonoscopies, diagnostic evaluations (e.g., anemia, GERD, dysphagia, persistent diarrhea), and routine esophageal dilations. We do not accept any emergent cases, so no foreign bodies or active bleeding. Medically complicated patients (ASA 3) are accepted.
- Referrals to GI: Complex cases such as large polyps (>2cm), active IBD, familial polyposis syndromes, or patients requiring an anesthesiologist for sedation.
- Metrics: >95% cecum reach, and an adenoma detection rate of 39% in males and 32% in females – exceeding QI for highest performing programs.

Program Highlights

- Patient Experience: Our program is designed for a personal and patient-centered experience. Each patient is cared for by the same nurse throughout their procedure and recovery, ensuring comfort and consistency.
- High satisfaction: Our program consistently receives the highest patient satisfaction ratings at Cascade Medical, with nearly all patients expressing willingness to return for future care.
- Professional Team: Our nurses and techs are highly skilled, with every aspect of the program- cleaning protocols, sedation, bowel preps, scheduling, and communication – receiving routine review.

Referral Capacity

- We currently accept outside referrals and perform procedures on **Tuesdays and Wednesdays**. In order to receive information necessary for optimal care and to fulfill DOH requirements, we need to receive **a completed requisition before the patient is called and scheduled**. The patient may also have an in-person pre-op visit in our family practice clinic before getting scheduled, if desired.

If you believe this could be a beneficial option for your patients, I'd be happy to discuss details, answer questions, or meet with your team to share more about our program. Thank you for considering Cascade Medical for your endoscopy referrals- we look forward to the opportunity to partner with you.

Best Regards,

Tony Butruille, MD
tonyb@cascademical.org