

McLaren Print System Order

Order No: 91494
Order Date: 2025-01-13
User: Patrina Gaines
Phone: 2482262118

Ship Location: Karmanos - Detroit
4100 John R. - LA04CE
Detroit, MI 48201

Form
Quantity: 250
Paragon Dept No: 29700
Dept Name: Concierge Services
Company Number:

Order Total Price: 900.00

Item Number: KCI-172
Item Description: COLORECTAL CANCER SCREENING REFERRAL Form
Revision Date: 12/2024
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster:
Misc Info: 100/Pad 8.5x11 Black SS



Colorectal Cancer Screening Referral Form

Please fill out entire document to avoid delays in scheduling. Patients will be called within 72 hrs. to confirm a date and time. For questions, please call Procedure RNs at 313-576-3054.

Please attach the Patient Demographics and/or Face sheet. If not available, please complete the information below.

Patient Name _____ Colorectal Screening Location: Karmanos
DOB _____ Gender: Female Male
Patient's Home Phone _____ Patient's Cell/Alternate Phone _____
Insurance: _____ Insurance Auth # (if needed) _____
Referring Provider _____ Referring Provider NPI # _____
Referring Provider Phone # _____ Referring Provider Fax # _____

Please certify the below:

- The patient is between the ages of 45-75. The patient may have a copy/deductible if the insurance is not adhering to the updated guidelines.
- The patient is asymptomatic for colon cancer (no symptoms such as bleeding, cramping, gastrointestinal symptoms, unexplained weight loss, etc.)
- Does Patient have any of the below conditions? If they have 3 or more of these conditions, they are **NOT** a candidate.
 Asthma COPD Hypertension Diabetes BMI >40 Wear Oxygen
 Does NOT have clearance to stop blood thinners temporarily

Spec Info: Original Poster Size. Please attach Patient Demographics and Medication List with this order form.

Request Type: NEW REVISION Urgency: URGENT (ASAP) Routine
Requested Surgeon: First Available Physician Other: _____
Requested Date: Earliest Available Date Other: _____

Please Select the Procedure Type

Colonoscopy Colorectal Cancer Screening
 Esophagogastroduodenoscopy EGD
 Colonoscopy and EGD
 Sigmoidoscopy

Please Fax this order to Karmanos at (313) 576-9827
(phone# 1-800-527-4264) E-mail: screening@karmanos.org
We will contact your patient to schedule the exam.