

Gastroenterology

FirstHealth offers diagnostic, medical, therapeutic and surgical services for patients with common gastrointestinal disorders, such as peptic ulcer disease, gastroesophageal reflux disease (GERD), abdominal pain and gastrointestinal malignancies, as well as for patients with hepatobiliary disorders, including cirrhosis, hepatitis and pancreatic disease.

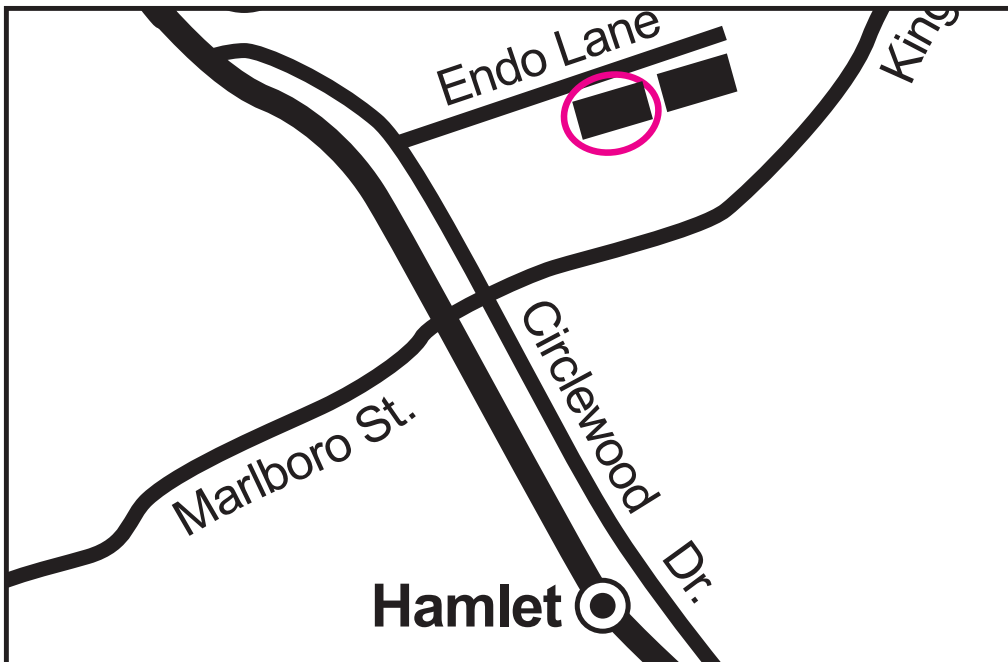
In addition, FirstHealth also offers specialized services in the following areas:

- Colon Cancer screening
- Irritable bowel and other functional disorders
- Neuroendocrine tumors, including gastrinoma
- (Zollinger-Ellison syndrome)
- Hepatitis C and other hepatic disorders
- Complicated GERD



Shoukath Ansari, M.D.

FirstHealth Gastroenterology offers diagnosis and treatment of diseases of the esophagus, stomach, intestines, colon, gallbladder, bile duct, pancreas and liver.



FirstHealth Gastroenterology
102 Endo Lane • Suite 2 • Hamlet, NC 28345
(910) 205-3035

Gastroenterology

Please call our office to schedule a visit with the clinic at (910) 205-3035.

- EGD EGD/Colonoscopy Colonoscopy

Fax this form along with the patient's (front and back) **insurance card**, medication list, allergies, and recent office notes to (910) 205-3062.

Patient Name _____ DOB _____

Patient Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Circle preferred contact number.

Scheduling Request: *(Colonoscopy will be done at FirstHealth Richmond Memorial Hospital Outpatient Department)*

- First Available Or circle one: Mon Tues Wed Thurs

This patient:

No Yes Is on anticoagulant or antiplatelet therapy: ___ Coumadin ___ Plavix ___ Pradaza ___ Eliquis
___ Xarelto ___ Aggrenox ___ Brilinta

No Yes Has a prosthetic heart valve, or history of endocarditis, systemic pulmonary shunt, or synthetic vascular graft less than 1 year old, or other infection for antibiotic prophylaxis.

No Yes Has renal insufficiency (Cr>1.6)

No Yes Has cirrhosis

No Yes Has diabetes

No Yes Has a BMI >35

No Yes Untreated hypertension

No Yes Need for any antibiotic prophylaxis for any reason?

No Yes Does patient have a cardiac defibrillator?

Referring Physician Name: _____

Physician Signature: _____

Phone Number: _____ Fax Number: _____

Office use only:

Procedure date/time _____ Pre-procedure Interview Date/Time _____

Staff Signature _____

FirstHealth

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www.firsthealth.org