BRIGHAM AND WOMEN'S HOSPITAL

Endoscopy Center

Complete and fax back to: 617-732-9798
Any questions? Please call: 617-732-7426

Flexible Sigmoidoscopy	**Order Request**
Patient Name:	BWH MRN:
Birth Date:	Patient Phone #:
Ordering Provider Name:	NPI#:
Practice Name:	Contact person for any questions:
Full Address:	Phone #:
Email:	

Signs and Symptoms: (select one or more)
☐ GI bleeding
☐ Rectal pain
☐ Other:

Relevant History: (select one or more)
☐ Request performing GI Physician (specify):
☐ Known hemorrhoids
☐ History of pelvic radiation
☐ Immunocompromised
☐ Known colonic stricture
☐ Other:

Differential Diagnosis: (select one or more)
☐ Hemorrhoidal bleeding
☐ Radiation Proctitis
☐ Inflammatory bowel disease
☐ Graft vs. Host Disease
☐ Other:

Additional Comments (optional):
