



ABINGTON SURGICAL CENTER
We're in this together.

Direct Access Colonoscopy Information/Fax Sheet

To: DAC Scheduling

Fax: 215-957-0565

From:

Phone:

To schedule a patient for direct access colonoscopy, please provide the following information:

Date: _____

Patient Name: _____

Date of Birth: _____

Telephone Number: _____

Insurance: _____

Insurance ID#: _____

Referring Doctor: _____

Office number for referring doctor: _____

H&P Attached: Yes _____ No _____

Upon receipt of this information, Abington Surgical Center will have the patient's information reviewed by the GI physician. Once reviewed and cleared, the patient will be scheduled for their procedure.

if you need to provide this information verbally or have questions regarding the status of scheduling, please contact our DAC scheduler at 215-443-9483

We look forward to caring for you!