Main Office:

Rick A. Shacket

Office: 602.492.9919 Mobile: 602.920.1023



*

Name: DO	OB:	Date:
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PLACE OF PROCEDURE



Abrazo Central Campus Hospital 2000 W. Bethany Home Rd Phoenix, Arizona 85015 602.249.0212

Your colonoscopy or upper endoscopy (EGD) is scheduled on:				
Date:	Time:	Arrival Time:		
Your surgery is scheduled on:				
Date:	Time:	Arrival Time:		

☐ If you do not have a scheduled time written above, and you do not get a call from us within five working days, please call Dr. Shacket's office to schedule your procedure.

Provider:

Rick A. Shacket BS9262611

3543 N. 7th Street, Phoenix AZ 85014

Office: 602.263.8484 Mobile: 602.920.1023



Name:		_ DOB:	Date:
SURG	GERY PRESCRIPTIOI	N SLIP – PAGE	2
Provider Name: Dr. Rick Shacket		Scheduling Office Contact: Ashley	
Benefits Verified: Date:	Contact:		
Colonoscopy Case:	EGD Case: _		Surgery Case:
Ins. Eff. Date:	Auth Colon/EGD# _		Auth Surgery#
Medical Records Faxed to:			Date:
Deductible: \$ Me	et: \$ Co	insurance: \$	
Out of Pocket Max \$			
☐ Cash Patient: needs a price que has limited means and needs t	•		e scheduling. PLEASE, patier
☐ Patient is covered by medical pocket facility cost can be bef			what his maximum out-of-
Notes:			

Provider:

Rick A. Shacket BS9262611

3543 N. 7th Street, Phoenix AZ 85014

Office: 602.263.8484 Mobile: 602.920.1023

RICK A SHACKET DO, MD(H)

u	DOB:	Date:
SU	RGERY PRESCRIPTION SLIP – PA	GE 1
Colonoscopy		
Diagnosis:	> Age 45 African American & A	Age 50 All Others
-	g (occult or obscure) \square Rectal B	_
_	ss of weight or appetite, perianal	_
	1sto Family Hx of Colon Cancer	, , , , ,
• • • • • • • • • • • • • • • • • • • •	ma) 🗖 1 st Family Hx Colon Po	• • • • • • • • • • • • • • • • • • • •
•	- Constipation or Watery Diarrh	
	Disease Surveillance of Ulce	
Scheduled Colonoscopy or	1:@	11me: ☐ 30 min ☐ 45 min
☐ Upper Abdominal or Period ☐ Hx of long-term anti-coa ☐ Anemia - Iron Deficiency ☐ Surveillance of Barrett's ☐ Familial Adenomatous Poscheduled EGD on:	pite Appropriate Drug Trial Anorexia or Weight Loss (occult or obscure) Persister iumbilic Pain Persistent Naus gulation, or NSAID Therapy	ea denomatous Gastric Polyps agia
☐ Enlarged Tags ☐ Fissure	Condyloma Anal 🗖 Condyloma e 🗖 Fistula 🗖 Hemorrhoids 🗖 I	
☐ Pilonidal Cyst ☐ Other:		
☐ Pilonidal Cyst ☐ Other: Scheduled Surgical Repair Time: ☐ 15 min ☐ 30 min		<i></i>

Signature of Prescribing Physician: