

Sage Scopes Encounter Number

Sage Scopes Program FIT Order and Tracking

Assign a new encounter
number for this office visit

Patient Name: _____ Chart #: _____
(last) (first) (middle initial)

Date of Birth: ____/____/____
(month) (day) (year)

Name of Ordering Physician: _____ Physician Specialty: _____

Date of FIT Distribution: ____/____/____
(month) (day) (year)

1. Distribution Source:

Lab

Other _____

2. Date FIT testing kit returned: ____/____/____
(month) (day) (year)

3. Results of FIT Test?

___ Negative

___ Positive

___ Unknown

FOR SAGE STAFF:

Scheduled Date of Colonoscopy: _____



Please complete and return to:
Minnesota Department of Health
Cancer Control Section Sage Scopes Program
P.O. Box 64882, St. Paul, MN 55164-0882

