

Sage Scopes Program Office Visit Report

Sage Scopes Encounter Number

Assign a new encounter
number for this office visit

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

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

Name of Physician Performing Examination: _____
(print clearly)

Pre-colonoscopy office visit (Complete this section **only** if patient is being seen **before** the colonoscopy)

1. Type of visit

- Routine pre-op examination
- Evaluation and management visit prior to colonoscopy (for patients with medical conditions - i.e., COPD, medications, etc. - that affect the pre-operative instructions) and education and/or prep instructions
- Education and/or prep instructions only

2. Labs performed

- Yes No

If yes, please indicate:

- Metabolic panel
- Blood count
- Prothrombin or thromboplastin time
- ECG

Note: Labs not listed are not covered by Sage Scopes.

3. Was patient cleared for colonoscopy?

- Yes No Explanation:

Note: The purpose of this form is to document that an office visit occurred so that MDH will credit your grant account for this service. Note that visits related to treatment or diagnoses of conditions other than cancer are not covered by Sage Scopes.



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



