

August 15, 2024

Dear Physicians & Surgery Scheduling Coordinators,

Our office is writing to inform you that we are still offering the proctoring service, however, there has been a slight change in the days being offered since Dr. Biest has retired. Dr. Bardawil and Dr. de Souza offer proctoring on Tuesdays, Wednesdays, and Thursdays.

To get your surgeries scheduled efficiently, the proctoring forms must be filled out completely in its entirety.

- The **handwriting must be legible** and if it is not, it will be returned to you with the request that it be rewritten.
- Please **send all the pertinent medical records** with your completed proctoring form even if the patient's records are in EPIC.
- Please make sure that **BOTH the doctor and your patient agree on the dates** that you are requesting for your surgery. We will continue to do our best to get you that preferred date or something close to it.
- Per the Missouri Baptist scheduling guidelines, **the CPT codes must be included** for the surgery to be scheduled. If this is not included, your form will be sent back to you for that information.

If your proctoring form is missing information and is sent back to you, it will go to the back of the proctoring line.

Once your completed form and records have been faxed over, one of our surgeons will review it. This can take 7-10 business days. If it is determined that your case does not meet the proctoring guidelines, the contact person in your office will be notified. If your case is within the proctoring guidelines, the surgery scheduling process will begin. This process can take 5-7 business days. If you have not heard from us within 15 business days, feel free to call me at 314-747-5470 or email me at [latricedixon@wustl.edu](mailto:latricedixon@wustl.edu) and I will get back to you as soon as I can with a status update. Please DO NOT have your patient call our office for an update. Instead, please explain the process to them and contact our office on their behalf.

We are happy to answer any questions you may have and look forward to working with you more in the future.

Thank you,

Minimally Invasive Gynecologic Surgery



WashU Medicine  
**Minimally Invasive Gynecologic Surgery**

660 S. Euclid Ave, MS 8064-36-905  
Saint Louis, MO 63110  
office 314.747.5470  
Fax: 314.362.3335

**WASHINGTON UNIVERSITY**  
**MINIMALLY INVASIVE GYNECOLOGIC SURGERY**  
**PROCTORED SURGERY SCHEDULING FORM**

Please fax to Latrice at 314-362-3335 with a cover sheet.

We will contact you asap. If it has been more than 10-15 business days, please call us at 314-747-5470.

*\*\*Please make sure handwriting is legible - Thank you!*

*\* = Indicates mandatory field*

PATIENT INFORMATION			
PATIENT NAME (last, first, M.I.):*			SSN: *
Date of birth:*	Contact #: * (       )		
Insurance name:*	ID #:*	Group #:*	
Surgeon:*			
Indication:*			
Procedure/CPT code:*			
Case length:			
Patient height:*	Weight:*	BMI:*	
Clinical uterine size:*		Uterine measurement on US:*	
Radiologic evidence of an endometrioma: * <input type="checkbox"/> No <input type="checkbox"/> Yes		Known history of stage 4 endometriosis: * <input type="checkbox"/> No <input type="checkbox"/> Yes	
Planned morcellation: * <input type="checkbox"/> Yes, list endometrial biopsy date & results:			<input type="checkbox"/> No
<i>**Please fax any pertinent records**</i>			

SURGICAL HISTORY		
	If yes, please list type(s) *	Date *
Prior abdominal surgery(s) incldg cesarean sections* <input type="checkbox"/> No <input type="checkbox"/> Yes		
Abdominal mesh* <input type="checkbox"/> No <input type="checkbox"/> Yes		
Latex allergy * <input type="checkbox"/> No <input type="checkbox"/> Yes	n/a	n/a

Preferred day: <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> First available
Available surgery dates for <b>both</b> PATIENT and SURGEON - Please give 4* options below

REQUESTING OFFICE INFORMATION		
Contact name:*	Phone: * (       )	Fax: * (       )

- I have filled out and personally reviewed the scheduling sheet\*
- I have included Medical Records, CPT codes, and agreed-upon dates

\_\_\_\_\_  
 Requesting Physician's Signature

FOR WASHU MIGS OFFICE USE ONLY   SURGERY CONFIRMATION	
Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Case #:	
<i>**Your office is responsible for scheduling the required pretesting prior to surgery. Please call (314) 996-5187 option 2**</i>	
Action Items - Please schedule checked items	
<input type="checkbox"/> Endometrial biopsy needed <input type="checkbox"/> Full referral needed (WU MIGS will be the primary surgeon) <input type="checkbox"/> Ultrasound needed	

**Minimally Invasive Gynecologic Surgery**  
4901 Forest Park Ave., Suite 710, St. Louis, MO 63108  
314-747-5470 | 314-362-3335 | obgyn.wustl.edu

# fax

TO:		FROM:	
FAX:	314-362-3335	PAGES:	
PHONE:	314-747-5470	DATE:	
RE:		CC:	

New Patient Paperwork  Other

Comments:

**CONFIDENTIALITY NOTICE -**

*The information contained in this transmission is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. If you are not the intended recipient of this information, do not review, re-transmit, disclose, disseminate, use, or take any action in reliance upon, this information. If you received this transmission in error, please contact the sender for further instruction.*