



Washington University in St. Louis

SCHOOL OF MEDICINE

Department of Obstetrics & Gynecology
Division of Minimally Invasive Gynecologic Surgery

Dear Physician & surgery coordinators,

Our office is writing to inform you that effective 10/1/2019, Dr. Scott Biest will be changing his proctoring days to Tuesday and Thursdays. We are also excited to announce that his new partner, Dr. Elise Bardawil, will be offering proctoring on Wednesdays. To get your surgeries scheduled efficiently, it's important that the surgery coordinators makes sure **both** doctor and patient are available for the preferred dates prior to submitting the request. Per Missouri Baptist OR, CPT codes must be included for the surgery to be scheduled.

We always do our best to schedule on or as close to one of the preferred dates. If you do need to reschedule your patient's surgery date, we ask that you resubmit the original request form (with the unwanted date) and write "*need to reschedule*" on the sheet. For fairness sake, those needing to reschedule will have to go to the end of the line for a new date.

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

Sincerely,

Latrice Dixon

Latrice Dixon

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 within 5-7 business days. If it has been more than 7 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
Please fax any pertinent records			

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 surgeon: <input type="checkbox"/> Dr. Scott Biest (Tuesday/Thursday) <input type="checkbox"/> Dr. Elise Bardawil (Wednesday) <input type="checkbox"/> First available
Available surgery dates for both 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*. _____
Requesting Physician's signature

FOR BIEST/BARDAWIL OFFICE USE ONLY SURGERY CONFIRMATION	
Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Case #:	
Your office is responsible for scheduling the required pretesting prior to surgery. Please call (314) 996-5187 option 2	
Action Items - Please schedule checked items	
<input type="checkbox"/> Office exam with Dr. Biest or Dr. Bardawil needed for before surgery	<input type="checkbox"/> Endometrial biopsy needed
<input type="checkbox"/> Full referral needed (Dr. Biest or Dr. Bardawil 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.