

Clarence Butch Dunn, Jr., M.D. 302 McMillan Road West Monroe, LA. 71291 318-322-2202 - Phone 318-322-9949 - Fax

Welcome to Our Practice!

We appreciate you choosing us for your healthcare needs.

The following are all the forms necessary for your upcoming visit or procedure. Please bring the completed forms with you to your appointment. We want as much of your appointment time to be spent with the physician, not doing administrative work! All patients scheduled for an appointment or procedure will receive a **HIPAA secure text** from our office **2** days prior to confirm your appointment / procedure. If we do not receive a response via text, we will call you.

Direct Referral Colonoscopy Screening or EGD

Thank you for choosing to schedule with Dr. Dunn. With our Direct Referral program, prior office visits or consultations with our physician are not necessary in most cases, we can directly schedule your Colonoscopy or EGD. If you have a scheduled procedure with Dr. Dunn, you must complete our paperwork 5-7 days prior by either filling out the forms at our office or by receiving it via text through **Klara**, our HIPAA secure texting platform.

Insurance and Billing

When you contact us, we verify whether we are part of your insurance network, or let you know otherwise. We accept **most** major insurances with the **exception** of MEDICAID. For planned procedures, we also routinely check your insurance for coverage once all paperwork and insurance information is received. We will file all insurance you have on file with us, but the final decision about whether a claim gets paid is up to your health plan. Regardless of the extent of the insurance coverage, the patient is responsible for the entire balance.

Payment Options

Charges for consultations and office visits are determined by the time spent with the doctor and takes into account the complexity of the problem. The fees which are due at the time of service include co-payments required by insurance, and deductibles; also services your insurance does not pay us for. All out of pocket expenses for consultations and office visits are payable at the time services are rendered. Fees for procedures are due at least three (3) days prior to your scheduled procedure. Any unpaid balance will be subject to 1.5% finance charge and any collection fees. We accept most major credit cards, debit cards, cash, or checks. There is a 3.5% fee for credit card charges. This fee does NOT apply to debit cards, cash, or checks.

Cancellation Policy

This office enforces a cancellation policy by assessing a cancellation fee for any no show appointments or procedures, as well as any cancellations that do not meet the twenty-four (24) hour notice policy. Cancellation fees for procedures are \$100.00 and office appointments are \$50.00. These will be added to your account and collected in the usual manner. By signing, you agree to the terms of this policy. All questions concerning your account will be addressed to the billing office. The physician is here for your medical needs ONLY.

Certificate

The undersigned certified that he / she has read and understood the foregoing and fully accept the terms specified above.						
PRINT NAME	DATE / TIME					
SIGNATURE						

Patient Information Form

First Name:	_MI:	_ Last Name _	
Address:			
City:	State:		Zip Code:
Home Phone #:	_Cell #:		Work #:
Date of Birth:	Age:		Marital Status:
Social Security #:	_Patient's En	nployer:	
			Spouse SSN:
Spouse's Employer:	Spouse's W	ork #:	Spouse Cell #:
Emergency Contact (other than spouse):	-		Relationship:
Emergency Contact Phone #:		Emerger	ncy Contact Cell #:
Referring Physician:			
Reason for your visit today:			
Are you currently on a blood thinner?	YES / NO	If so, ho	ow long?
	Fam	ily History	
Do you have a family history of any of t	he following	?	
•	ine removing		Lung Disease:
Cancer:			-
Heart Disease:			Kidney Disease:
Hypertension:			Diabetes:
I hereby authorize payment of surgical and/or medi Endoscopy Clinic of Monroe, APMC (herein CBD, GCM all of my rights in my insurance coverage to Clarence Gastroenterology Clinic and Endoscopy Clinic of Mol and interest to any claim for penalties and/or attoriclaim for benefits to Clarence Butch Dunn Jr., MD API extent of the insurance coverage, I agree to be respical in to my insurance company and/or companies of may submit any later claim on either an assigned of	cal benefits dire I and/or ECM) an Butch Dunn Jr., nroe, APMC for se ney fees arising MC, Gastroenterc onsible for the e or my attorney. Or r unassigned ba	d/or Endoscopy Cel MD APMC and to Cl ervice rendered. I a under any state or ology Clinic and End entire balance. I al once the physician sis without obtain on file." I hereby a	tch Dunn Jr., MD APMC, Gastroenterology Clinic and nter of Monroe Inc, further convey, transfer and assign arence Butch Dunn Jr., MD APMC and to also hereby assign and transfer any and all rights, title, federal law or regulation related to the payment of any doscopy Clinic of Monroe, APMC. Regardless of the so authorize release of information pertaining to my has obtained the patient's one time authorization, he
X		Date:	
I certify that the information given by me in applying medical or other information about me to release to this or a related Medicare claim. I request that payn patient's one time authorization, he may submit any additional signature from the patient in submitting clautch Dunn Jr., MD APMC, Gastroenterology Clinic	for a payment ur the Social Secur nent of authorize later medicare c aims, he should i and Endoscopy	ity Administration o d benefits be made laim on either an as indicate " Patient re Clinic of Monroe, A	e Social Security Act is correct. I authorize any holder of r its intermediary or carriers any information needed for en my behalf once the physician has obtained the
Dr. Clarence Rutch Dunn	r M.D. & Fnd	loscopy Center	s of Monroe / West Monroe, Inc.
		ractices Ackno	
I, (Print Patient Name)		, acknowled	ge receipt of the Notice of Privacy Practices.
By: (Signature of Patient):			Date:
m m d			

CLARENCE BUTCH DUNN Jr., M.D.

Gastrointestinal Specialist
302 McMillan Road
West Monroe, LA 71291
318-322-2202 office 318-322-9949 fax

INDIVIDUAL PATIENT'S AUTHORIZATION

		NTATIVE) CONFIRMING THE AUTHORIZATION ealth information as described in Section 2 below. I give t	his authorizati
Your Name			
Your Street Address			
Your City	State	Zip	_
Your Home #	Work #	Cell #	_
THE USE AND / OR DISCL Mark the type of health inform	nation you are authorizing t	to be used are disclosed.	
 Treatment Plan Medications Diagnosis Personal Information Disc Other 	ussed		
Name the people and / or org	anizations that you are au	thorizing to use and / or disclose your protected health	information
1. Spouse(Last)		(First)	-
			-
3. Friends		(-,,	-
	(Last)	(First)	
(Na	me of Pharmacy)		
(Na	me of Physicians)		
The purpose for which I am (The purpose is the reason you etc.) If you do not wish to spec	are authorizing the releas	e of information is: see of information (i.e., medical benefit, medical appeal, of information, you must select the 'My Request' field.)	
My request <i>or</i> Ot	her (please describe):		
Sign and Date This Form			
Signature		Print Name	

Relationship to Member

Date of Signature (MM/DD/YYYY)

Patient History for Dr. Dunn's Office

Name:	Today's Date:
Date of Birth:	Age:
Primary care Physician:	Referring Physician:
	urrent Health mplete All Information
Reason for Visit Today:	
Are you currently on a blood thinner: YE	S / NO Medication?
Do you have any medical problems?	
Please list them:	
Do you currently take any aspirin or arthr	ritis medication?
Please list them:	
Do you use tobacco? YES / NO	Do you use alcoholic beverages? YES / NO
${f F}$	amily History
Do you have a family history of Colon Po	olyps or Colon Cancer: YES / NO / BOTH
If so, please specify:	

Clarence Butch Dunn, Jr., M.D.

(A Professional Medical Corporation) Board Certified Gastrointestinal Specialist

302 McMillan Road West Monroe, LA 71291 Phone: 318-322-2202 Fax: 318-322-9949

Patient Interview Form

Pat	ient Informati	on								
First	Name:				Last Nam	e:				
Date	Of Birth:				Age:	************************				
Emai	1									
Perso	onal:				and the state of t	The sea of the season of the s	CONTRACTOR OF THE PARTY OF THE		у установите придухов долого у рего И (учур) в История — в и Моско основу I 1989 В ИНТ	and the second property and the
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Cont	act Preference									
\bigcirc	Email	\bigcirc	No preference	\bigcirc	Phone or letter	\bigcirc	Portal	\bigcirc	Patient declines	
									to specify	
Race Selec	t one or more									
\bigcirc	White	\bigcirc	Black or African	\bigcirc	Asian	\bigcirc	American Indian	\bigcirc	Native Hawaiian	
			American				or Alaska Native		or Other Pacific Islander	
\bigcirc	Other Race	\bigcirc	Unknown	\bigcirc	Patient declines	\bigcirc	Prohibited by			
					to specify		state law			
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\bigcirc	Hispanic or Latino	\bigcirc	Not Hispanic or Latino	\bigcirc	Patient declines to specify	\bigcirc	Prohibited by state law		Unknown	
			Latino		10 000111					
Sex										
	Male	\bigcirc	Female	0	Other	0	Unknown	ann an actual e screen	Andrews Community Transmission of State Community Community (1995)	Unique III (1000) (111 a de a C. 1 es constitución en
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D f	d I suguess									
- Contract	rred Language	· · · · · · · · · · · · · · · · · · ·	CI-b. Ctill	- minute	Dationt doclines	1881 - 1994 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884	NAMES OF A STREET OF THE STREE	WARREN WAR TO A CAR	OMBOLI LINTE P. CO. P. PETTOMINI PROCESSANIA (L. PETTOMINI CONTRA PETTOMINI PETTOMINI PETTOMINI PETTOMINI PET P	WARRAN BEET TO A PLANT POLY VAN
\bigcirc	English	\cup	Spanish; Castilian		Patient declines to specify					

Review Of Systems

Gastrointestinal	erneentarisensk eestalekstat stad
O None	ΥN
abdominal pain abdominal swelling change in bowel habits constipation diarrhea gas heartburn jaundice nausea rectal bleeding stomach cramps vomiting difficulty swallowing anemia irritable bowel disorder gerd reflux elevated liver functions	000000000000000000000000000000000000000
Allergic/Immunologic	and the second s
None	YN
HIV exposure persistent infections strong allergic reactions or urticaria	90 90 90
Cardiovascular	
O None	ΥN
chest pain irregular heart beat palpitations peripheral edema	88 88
Constitutional	
None	ΥN
fatigue fever loss of appetite malaise sweats weight gain weight loss rigors	00000000

P sychiatric	
None	YN
anxiety depression difficulty sleeping	90
panic attacks	ŏŏ
Respiratory	
None	ΥN
asthma	QQ
cough dyspnea	XX
excessive sputum	ĞĞ
whoozing	Samuel Samuel

Allergies							
Patient has no	known allergies	Patie	nt has no knov	wn dru	g allergies		
_ Latex	☐ Eggs	O Soy	Market And An Estate Control of State Co	0	Peanuts	Sulfa	eroeko eta eroatako kiritzek iliziolea alektoko eta 122 eta 2100.
Penicillins	codeine sulfate	C Ceph	alosporins	\bigcirc	Erythromycin	Other:	Nada Managaran
Pharmacy			over specific constitution and advance among the little constitution and account a per-	and the second second			
Name	Address					Phone	_
Consent to Imp	port Medication His	tory					
l consent to obtain	ing a history of my medica	itions purchas	sed at pharm	nacies.			
Yes	O No	ACCEMENTAL AND	entila de mesono proporto proporto proporto de meso el terro de meso esta el terro de meso el terro de me	TOTAL AND STREET AND AND STREET AS THE STREET	et an erekkelen er film mandett skallen er film mandett skallen er film er fil	kan tissaan tiratta aan tissa tista talah tista ka ti tista tista sa da	annamentari anna in mandri e anna East d'Ar (C.C.)
Current Medic	ations						
O None							
Name	Dose	3		A PARTY OF THE PAR	How taken?		Managara de Canada e de Canada de Ca
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		and the second s			Total School Sch		
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							Name : Marie Control of the Control

Immunizations								
None								
Influenza, seasonal, injectable		Hep B		Hep A		tetanus toxoid	O _When	Pneumonia
When:								
Past or Present M	مائم	al Canditiana						,
None None	ieaic	al Conditions					**********	
		unce intermediate con extension de antique en la constante de		elaterativa en en tratteta alla della consensa en esta della consensa en				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
GASTROINTESTINAL (UPPER GI)		Acid Reflux	<u> </u>	Anemia	\cup	Barrett's esophagus	\bigcirc	Celiac disease (sprue)
	\bigcirc	Delayed gastric emptying	\bigcirc	Dysphagia	\bigcirc	Gallstones	\bigcirc	Helicobacter Pylori
	\bigcirc	Hiatal hernia	\bigcirc	Stomach cancer	\bigcirc	Stomach ulcers	Other	
GASTROINTESTINAL (LOWER GI)	\bigcirc	Colon cancer	\bigcirc	Colon polyp(s)	\bigcirc	Crohn's disease	\bigcirc	Diverticulitis
(LOWER GI)	0	Diverticulosis		Irritable bowel syndrome	0	Ulcerative colitis	Other	
GASTROINTESTINAL	\bigcirc	Cirrhosis	\bigcirc	Fatty liver	\bigcirc	Hepatitis A	\bigcirc	Hepatitis B
(BILIARY)	\bigcirc	Hepatitis C	\bigcirc	Abnormal liver tests	0	Pancreatitis	Other	··
CARDIOVASCULAR	\bigcirc	Atrial fibrillation	\bigcirc	Blood clots (DVT)	\bigcirc	Congestive heart failure	\bigcirc	Coronary artery disease
	\bigcirc	Dyspnea with exercise	\bigcirc	Endocarditis	0	Heart attack	0	High blood pressure
	\bigcirc	Mitral valve prolapse	\bigcirc	Stroke	\bigcirc	TIA	Other	
PULMONARY	0	Asthma	\bigcirc	COPD	0	Emphysema	0	Sleep apnea
Section of the sectio	Other		**************************************	ура даторо де та спосил поментицера и менерателения потого было достого и и и и и и и и и и и и и и и и и и	on a Phone (WELL VON THE WAY). IN		entre documentarios en l'America d	MATANANAN MARKATAN PARAMETER PRANSES A PERMANENTAN MINISTER MARKATAN PARAMETER PARAMETER PARAMETER PARAMETER P
OTHER:	\bigcirc	Anxiety disorder		Arthritis	\bigcirc	Chronic back pain	\bigcirc	Dementia
	\circ	Diabetes mellitus	\bigcirc	Glaucoma	\bigcirc	HIV	\bigcirc	Renal insufficiency
	\bigcirc	Sickle cell trait	\bigcirc	Seizures	\bigcirc	Cancer:(ty		ther:
						(9)	r -/	
Diagnostic Studie	s/Tes	sts					2702 WAR	
None								
GIENDOSCOPY	0	Bravo PH monitor	0	Capsule endoscopy	\bigcirc	Colonoscopy	0	Double balloon endoscopy
	\bigcirc	EGD	\bigcirc	ERCP	\bigcirc	Esophageal dilation	\bigcirc	Esophageal manometry
	0	Flexible sigmoidoscopy	0	PEG (feeding) tube	Other		The state of the s	
RADIOLOGY EXAMS	\bigcirc	CT scan	\bigcirc	Gastric emptying scan	\bigcirc	Hida scan w/ cck	\bigcirc	Liver biopsy
	\bigcirc	MRI	\bigcirc	MRCP	\bigcirc	Small bowel series	\bigcirc	Ultrasound
	Other	:						

Previous Procedu	res							
○ None								
SURGICAL PROCEDURES:	0	Appendectomy	O	Bladder suspension	O	C Section	O	Cardiac bypass
	\bigcirc	Cardiac stent(s)	\bigcirc	Colectomy (partial)	\bigcirc	Colectomy (total)	\bigcirc	Colostomy
	\bigcirc	Defibrillator	\bigcirc	Gallbladder removal	\bigcirc	Gastric bypass	\bigcirc	Hemorrhoid sur
	\bigcirc	Hysterectomy	\bigcirc	Lap band-Gastric sleeve	\bigcirc	Mastectomy	\bigcirc	Pacemaker
	\bigcirc	Prostate surgery	\bigcirc	Reflux surgery	\bigcirc	Small bowel resection	\bigcirc	Whipple procedure
	0	Valve replacement	Other	*				
ocial History								
ccupation:				Number of	Childre	en:	Charles and the Control of the Contr	to reference and the second and a
//arital Status		L. E. H. M.				tak ak kala tamananan masarina kananyan wasan minapan masarin sa		
Single	\subseteq	Married	\subseteq	Divorced	\bigcirc	Separated	\bigcirc	Widowed
Civil Union	\bigcirc	Unknown	\bigcirc	Other				
lcohol								
None	meno comina e esta estada e como	s en en land westermolouse work as stater december (i.e. e december (i.e. e december (i.e. e december (i.e. e	erenten. erenten	eren valaren adelen iraileri (iraileri artika eren iraileri artika eren iraileri artika eren adelen iraileri i	······································	SUSSEA OF BL. MOZINE KANNER ON NORMALS SANDAM MOTHER ON HINTER VIOLENCE VARIANCE	e engewyniaeur y gweir eu y'n wes	ameneragin quina quant province avendrà, ce un ri de su de de suit sit des sistements e du 1995 e
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Beer			Quai	ntity		Frequ	ency	
Wine								
Liquor								
obacco moking Status	\bigcirc	Current every day	0	Current some day	\bigcirc	Former smoker	O	Never smoker
	\bigcirc	smoker Smoker, current status unknown	\bigcirc	smoker Light tobacco smoker	\bigcirc	Heavy tobacco smoker	\bigcirc	Unknown if ever smoked
Туре	CO ORDINATION AND AND AND AND AND AND AND AND AND AN	COZZZENIA I IZERI SINASA BARBARA A PARI PIR ANARORI MERPANJAHAN MERANJAHAN ANARA KANTANAN MANARANSAN MANARANSAN	C4	ommoniment ski, deletokisti i i i i i i i i i i i i i i i i i i				Francisco
Cigarettes			Start	ea Q	uit	Quan	Lity	Frequency
Smokeless					***************************************			
Chewing Tobacco								
Other								
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	nthe		Quar	ntity		Frequ	ency	
Uses IV drugs curre								
Used IV drugs in the past Recreational drug use		***************************************						

Family Medical I	History	
O No knowledge of	family history	
No family history of	Celiac Disease Colon Cancer Ulcerative Colitis/Crohn	Chronic liver disease Colon Polyps 's Disease
		Mother Father Sister Brother Daughter Son
Diagnoses		
Family history of colon of	cancer	000000
Family history of colon p	polyps	00000
Family history of Celiac	disease	000000
Family history of Colitis/	Crohn's Disease	000000
Family history of Liver D	isease	000000
Consent to Share	e Data	
I consent to having m	y medical and demographic ir	nformation shared with other health care entities that are involved in my care.
◯ Yes	O No	
Reminder Prefer	rence	
I would like to receive	preventive care and follow up	o care reminders.
O Yes	O No	
Reviewed with		
Patient	O Parent C	Guardian Not Present