Introduction to Open Access Colonoscopy

Dear Patient,

Thank you for selecting me to perform your colonoscopy. The information provided in this packet will help me to determine whether an appointment in the office is necessary based on the information you provide. After you complete the attached forms, please send the forms back to my office by email, fax, or postal mail. After I review the information, we will call you to schedule your procedure. We will also phone in a prescription for your laxative prep kit.

I am aware that there are a lot of forms attached, some of which might seem redundant and tedious. I estimate that filling out the forms will take you 25 minutes. The reason we do this is because we share these documents with other healthcare providers that will be taking care of you at the time of the colonoscopy (i.e. the surgery center nurses, the anesthesiologist, and the pathologist). Each provider has different forms, hence why there are so many forms attached to this email. We have made great efforts in streamlining this process in order to save you time, energy, and financial cost.

I thank you for taking the time to complete these forms and for reading the Colonoscopy Information Handout and Frequently Asked Questions (FAQs) about colonoscopy. Should you have any questions regarding the procedure or any of the forms, please call us directly at 310-652-4472 during the hours of 9 am to 5 pm. You can also email the surgery coordinator directly at info@treyzonmed.com.

Sincerely,

Leo Treyzon, MD
Overview of Things to Do

1. Glance over the table of contents and attached forms.
2. Read all literature about colonoscopy and frequently asked questions (FAQ’s).
3. Fill out the attached forms (preferably typed), initial the bottom of each page, and send back to us along with a photocopy of your driver’s license and insurance cards (front and back).
4. After the doctor receives it and reviews it, we will get back to you within 48 hours to schedule your procedure. We will also get the appropriate prior authorization from your insurance company.
5. Pick up your laxative kit from your pharmacy (we will prescribe that for you).

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Identification Cards

INSURANCE CARD (FRONT)

PLACE PHOTO COPY HERE.

DRIVER’S LICENSE (FRONT)

PLACE PHOTO COPY HERE.

ADDITIONAL (SUPPLEMENTARY) INSURANCE (IF APPLICABLE)

PLACE PHOTO COPY HERE.
Identification Cards

INSURANCE CARD (BACK)

PLACE PHOTO COPY HERE.
Medical History Checklist

<table>
<thead>
<tr>
<th>Patient’s Name (Last, First)</th>
<th>Date of Last Colonoscopy:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Height</th>
<th>Weight</th>
<th>Sex</th>
<th>Daytime Phone #</th>
</tr>
</thead>
</table>

What is your indication for the colonoscopy?

- [ ] Screening Colonoscopy (preventative)
- [ ] Diagnostic Colonoscopy (I have symptoms that need evaluation)

Are you requesting an upper endoscopy as well?

- [ ] YES
- [ ] NO

Do you have any of the following symptoms?

- [ ] heartburn
- [ ] food getting stuck
- [ ] choking
- [ ] weight gain
- [ ] rectal bleeding
- [ ] fever
- [ ] food getting stuck
- [ ] get full quickly
- [ ] nauseae/vomiting
- [ ] bowel habit changes
- [ ] black stools
- [ ] fatigue
- [ ] choking
- [ ] weight gain
- [ ] abdominal pain
- [ ] diarrhea
- [ ] rectal pain
- [ ] other
- [ ] weight loss
- [ ] constipation
- [ ] jaundice
- [ ] fatigue
- [ ] bloating
- [ ] get full quickly
- [ ] abdominal pain
- [ ] diarrhea
- [ ] rectal pain
- [ ] other
- [ ] painful swallowing
- [ ] belching
- [ ] weight loss
- [ ] constipation
- [ ] jaundice
- [ ] fatigue
- [ ] bloating
- [ ] get full quickly
- [ ] abdominal pain
- [ ] diarrhea
- [ ] rectal pain
- [ ] other

PAST MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Do you have a history of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>heart disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>heart transplant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>heart bypass</td>
</tr>
<tr>
<td></td>
<td></td>
<td>irregular heartbeat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>fast heart rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>slow heart rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>have pacemaker or implanted defibrillator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>high blood pressure (BP) or take medication for high BP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>low blood pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>had stress test or angiogram</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of emphysema, chronic bronchitis, or daily oxygen use</td>
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<tr>
<td></td>
<td></td>
<td>asthma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sleep apnea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>asbestos lung</td>
</tr>
<tr>
<td></td>
<td></td>
<td>frequent pneumonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of TB (tuberculosis)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of kidney disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>kidney transplant or dialysis when?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of liver disease (cirrhosis) what kind?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of bleeding disorder what kind?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ever had blood clot in lungs or legs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>low platelet count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of anemia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bruise easily</td>
</tr>
<tr>
<td></td>
<td></td>
<td>blood transfusion when?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>have diabetes or take insulin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>history of seizures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are you on Aspirin, Plavix (Clopidogrel), Coumadin (Warfarin), Lovenox, Heparin, Pradaxa or Xarelto?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you require antibiotics before dental/invasive procedures?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you snore loudly when asleep?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you previously had problems with anesthesia? Please describe.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allergies:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do you take sedatives or narcotic painkillers, e.g. Ativan, Valium, Xanax, Klonopin, Vicodin, Percocet, Methadone or other?</td>
</tr>
</tbody>
</table>
# NEW PATIENT DEMOGRAPHICS FORM

**FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>ACCOUNT #</th>
<th>DATE OF VISIT</th>
</tr>
</thead>
</table>

## PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX</td>
<td>☐ Male</td>
<td>☐ Female</td>
<td>Age</td>
<td>Driver’s License #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zipcode</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
</table>

| Other (Home/Work) Number | Preferred Method of Contact: | ☐ Phone | ☐ Email |

| Fax Number | Would you like us to email you a copy of your test results? | ☐ Yes | ☐ No |

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Business Name/Address</th>
</tr>
</thead>
</table>

## REFERRED BY

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

## PRIMARY CARE MD

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

## PREFERRED PHARMACY

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

## PERSONAL INSURANCE INFORMATION — Must be completed for billing.

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company</td>
<td>Subscriber</td>
<td></td>
</tr>
<tr>
<td>Insurance Company Address</td>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Group Number</td>
<td>ID Number</td>
<td>Plan Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECONDARY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company</td>
<td>Subscriber</td>
<td></td>
</tr>
<tr>
<td>Insurance Company Address</td>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Group Number</td>
<td>ID Number</td>
<td>Plan Number</td>
</tr>
</tbody>
</table>

## EMERGENCY CONTACT INFORMATION — Please list an individual who is NOT living with you.

<table>
<thead>
<tr>
<th>Name of Friend, Relative, Guardian or Parent</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

## AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby authorize Leo Treyzon MD to furnish information to insurance carriers concerning this illness, and I hereby irrevocably assign to the doctor all payments for medical services rendered. I understand that I am financially responsible for all charges not covered by my insurance bills.

<table>
<thead>
<tr>
<th>Patient’s Signature</th>
<th>Insured’s Signature</th>
</tr>
</thead>
</table>

Initial Here: 

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NEW PATIENT HISTORY FORM

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Date of Visit</th>
<th>Referred By</th>
<th>Primary Care Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

CHIEF COMPLAINT — Main Reason for Visit

- abdominal pain
- colonoscopy screening
- nausea, vomiting or filling up quickly at meals
- problems with liver, gallbladder or pancreas
- weight loss or poor appetite
- gas, bloating or distension
- reflux, heartburn, regurgitation or indigestion
- lactose or other food intolerance
- constipation
- diarrhea, urgency or incontinence
- difficulty swallowing or painful swallowing
- anemia
- abnormal x-ray or blood test
- blood in stool
- other - Please explain.

HISTORY OF PRESENT ILLNESS — Please describe the nature of your problem in the space below.

- How long have you noticed the problem?
- Where is the problem located?
- Is it steady or does it come and go?
- Does it occur day or night, or before or after meals?
- What does it feel like? (sharp, burning, cramping, dull, full, etc.)
- What makes it better and what makes it worse?
- Rate the severity of the problem. (1 mildest - 10 most severe)
- Does it seem to be improving or worsening over time?
- What other symptoms do you associate with your main problem?
- How disabling is the problem? (Minimal, concerning, somewhat disruptive, extremely uncomfortable, debilitating)

HEALTH CONCERNS

- Is there a particular test you would like?
- Is there a particular diagnosis you want to investigate?
- Is there a particular concern that you have? (even far-fetched)

PREVIOUS TESTING — Please include dates.

- blood tests
- MRI
- urine tests
- abdominal ultrasound
- CT scan
- colonoscopy
- stool tests
- pelvic/vaginal ultrasound
- upper endoscopy
- sigmoidoscopy
- breath tests
- wireless capsule endoscopy
- consultation with other doctors or nutritionists (Please list.)

Initial Here: [ ]
<table>
<thead>
<tr>
<th>Surgery</th>
<th>Details/ Date/ Hospital</th>
<th>Surgery</th>
<th>Details/ Date/ Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>appendectomy</td>
<td></td>
<td>other intestinal/ abdominal</td>
<td></td>
</tr>
<tr>
<td>breast</td>
<td></td>
<td>tonsillectomy</td>
<td></td>
</tr>
<tr>
<td>gallbladder</td>
<td></td>
<td>stomach/ duodenal ulcer</td>
<td></td>
</tr>
<tr>
<td>hernia repair</td>
<td></td>
<td>other</td>
<td></td>
</tr>
<tr>
<td>hysterectomy/ ovaries</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Hospitalizations Other Than Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details</td>
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</tbody>
</table>
### MOST RECENT UPPER ENDOSCOPY

<table>
<thead>
<tr>
<th>Date</th>
<th>Physician</th>
<th>General Findings</th>
</tr>
</thead>
</table>

### MOST RECENT COLONOSCOPY

<table>
<thead>
<tr>
<th>Date</th>
<th>Physician</th>
<th>General Findings</th>
</tr>
</thead>
</table>

### ALLERGIES TO MEDICATIONS — Include latex/ tape, iodine and serious adverse reactions other than allergy. |

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### DRUG INTOLERANCES

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### MEDICATIONS — Include over the counter and herbal products.

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose/ Frequency/ Condition Being Treated</th>
<th>Name</th>
<th>Dose/ Frequency/ Condition Being Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>7</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td>8</td>
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<tr>
<td>4</td>
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<td>9</td>
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<tr>
<td>5</td>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

### FAMILY HISTORY — Include age of diagnosis.

<table>
<thead>
<tr>
<th></th>
<th>FATHER</th>
<th>MOTHER</th>
<th>BROTHER</th>
<th>SISTER</th>
<th>GRANDPARENT/ OTHER RELATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>esophageal cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>liver disease</td>
<td></td>
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</tr>
<tr>
<td>hemochromatosis</td>
<td></td>
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<tr>
<td>gallbladder disease</td>
<td></td>
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<tr>
<td>stomach cancer</td>
<td></td>
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<tr>
<td>small bowel cancer</td>
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<tr>
<td>celiac disease</td>
<td></td>
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</tr>
<tr>
<td>colitis/ Crohn’s disease</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>colon cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>colon polyp</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uterine/ ovarian cancer</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>renal/ ureteral cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SOCIAL HISTORY

Smoking Status
- Never
- Current/ Every Day
- Current/ Some Days
- Former

Alcohol Use
- No
- Yes

Year Quit

Recreational Drug Use
- No
- Yes

Year Quit

Marital Status
- Married
- Single
- Widowed
- Divorced

Children
- none

Exercise
- Type
- Frequency

Occupation

NAMES OF SPECIALIST PHYSICIANS INVOLVED IN YOUR CARE

Cardiologist

Oncologist

Gynecologist

Other

REVIEW OF SYSTEMS — Check if you have any of the following and describe further in space below.

Gastrointestinal
- heartburn/ regurgitation
- difficulty swallowing
- painful swallowing
- filling up quickly at meals
- nausea and vomiting
- abdominal pain
- irregular bowel habits
- bloating/ gas
- incomplete evacuation of bowels
- symptoms improve with evacuation
- blood in stool or on toilet paper
- mucus in stool
- loss of control of bowels
- intolerance to milk
- intolerance to other foods
- jaundice
- gallstones
- hepatitis A, B, C, other
- cirrhosis
- fluid in abdomen (ascites)
- pancreatitis

Respiratory/ Lung
- sleep apnea/ CPAP mask
- respiratory complications w/ sedation
- chronic bronchitis/ emphysema
- difficulty breathing
- persistent cough
- asthma

Eyes
- blind field of vision
- cataracts

Endocrine
- diabetes
- thyroid disease
- osteoporosis or osteopenia

Neurologic
- headaches
- strokes/ CVA
- seizures

Skin
- rash
- itching
- unusual hair loss

Cardiovascular
- chest pain, pressure, angina
- coronary artery disease
- high blood pressure
- swelling in legs or feet
- abnormal heart rhythm
- prostate cancer/ enlarged

Gynecology
- currently pregnant
- endometriosis

Psychiatric
- depression
- anxiety
- suicide attempt

ENT
- hearing loss/ ringing
- sore throat/ hoarseness
- sinusitis/ sinus drainage

Renal/ Urinary/ Kidney
- renal failure/ insufficiency
- electrolyte disturbances
- difficulty with urination
- urinary tract infections

Musculoskeletal
- joint pain/ arthritis
- back/ neck pain
- muscle aching/ weakness

Blood/ Lymph
- anemia
- bruise easily
- past blood transfusion
- swollen/ tender lymph node
- low platelets
- Coumadin or Lovenox

General
- decreased appetite

Page 10 of 26

Initial Here: ☐
Dear Blue Cross, SAG, & MPI Health Plan patients:

All insurance companies cover an anesthesiologist for this procedure except Blue Cross and Motion Picture Industry Health Plan. What follows is a description of your choices for anesthesia if your insurance carrier is Anthem Blue Cross or Motion Picture. Everyone else is eligible to have an anesthesiologist for this procedure.

As you may be aware, there are two sedation options that are used for colonoscopy and upper gastrointestinal endoscopy. One form of sedation consists of a Valium-type medication called Versed, and a narcotic called Fentanyl, referred to as Moderate or Conscious sedation, administered by a registered nurse under the supervision of your gastroenterologist. This form of sedation is included in your procedure fee at no cost.

The most commonly used form of sedation in our community, and at Cedar's and La Peer Surgery Center, is "intravenous sedation" with a drug called Propofol, administered by a specialist called an anesthesiologist. Propofol has a rapid onset and short duration, compared to Versed and Fentanyl, and provides complete sedation, whereas with conscious sedation this is not guaranteed. Propofol also has strong anti-nausea properties, so one tends to awake quickly and without any ill effects.

This physician feels that intravenous sedation by an anesthesiologist may be more effective, and perhaps safer, than conscious sedation administered by a registered nurse and supervised by your gastroenterologist.

Up until November, 2005 Blue Cross covered the services of an anesthesiologist. However, in a letter dated November, 2005 Blue Cross informed us that they would deny coverage for an anesthesiologist for GI endoscopic procedures including colonoscopy and upper gastrointestinal endoscopy, unless the patient meets certain medical conditions. Medical conditions that would be considered appropriate for insurance to cover an anesthesiologist include “severe systemic diseases” such as significant heart and/or lung diseases, severe insulin dependant diabetes, sleep apnea, and morbid obesity. Other conditions that would require an anesthesiologist include a history of drug or alcohol abuse, chronic use of Valium-type medications such as Ativan, Xanax or Clonopin, or a history of previous problems with sedation or anesthesia. As of 2007, SAG and MPI health plans are following the same protocol.

If you wish to utilize the services of an anesthesiologist, which this physician recommends, you will be asked to pay a reduced “cash price of $250 for colonoscopy or upper GI endoscopy, or $300 for both procedures, when you arrive at the surgery center. If you believe you may qualify medically for Blue Cross, SAG or MPI coverage because you have a serious condition described above, the anesthesia group at La Peer will give you the proper materials to bill the insurance company. Please let us know early so we can attempt to get prior authorization. Please note that occasionally these companies deny even appropriate charges, requiring appeals before they will pay for the services rendered.

Although it can be performed with twilight or conscious sedation, Dr. Treyzon recommends an anesthesiologist for upper endoscopies which generally require a higher level of sedation than a colonoscopy because of the gag reflex.

If you wish to be sedated with Versed and a narcotic by our nurse and this physician, then you may do so. Please indicate below which you prefer as this needs to be scheduled in advance. Please sign below to acknowledge that you have read and reviewed the above.

- I prefer to have an anesthesiologist present for this procedure.
- I prefer to have no anesthesiologist. (Versed and Fentanyl given by a nurse.) *

* For safety reasons, a procedure without an anesthesiologist cannot be done on Saturdays.

Patient Signature ___________________________ Date ___________________________
Email Consent Form

Patient Name ________________________________________________

Email Address ________________________________________________
(Please print clearly and legibly.)

This form is basically authorization for us to email you and for you to email us. If you like email communications, then please review and sign below.

1. RISKS OF USING EMAIL

Transmitting patient information by E-mail has a number of risks that patients should consider before using E-mail. These include, but are not limited to, the following risks:

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") recommends that E-mail that contains protected health information be encrypted. E-mails sent from Dr. Treyzon and the Practice are not encrypted, so E-mails may not be secure. Therefore it is possible that the confidentiality of such communications may be breached by a third party.

E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.

E-mail senders can easily misaddress an E-mail.

E-mail is easier to falsify than handwritten or signed documents.

Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.

Employers and on-line services have a right to inspect E-mail transmitted through their systems.

E-mail can be intercepted, altered, forwarded, or used without authorization or detection.

E-mail can be used to introduce viruses into computer systems.

Practice server could go down and E-mail would not be received until the server is back on-line.

E-mail can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL

Practices cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. Practice and Physician are not liable for improper disclosure of confidential information that is not caused by Practice's or Physician's intentional misconduct. Patients must acknowledge and consent to the following conditions:

E-mail is not appropriate for urgent or emergency situations. Practice and Physician cannot guarantee that any particular E-mail will be read and responded to within any particular period of time.

If the patient's E-mail requires or invites a response from Practice or Physician, and the patient has not received a response within two (2) business days, it is the patient's responsibility to follow-up to determine whether the intended recipient received the E-mail and when the recipient will respond.

E-mail must be concise. The patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.

All E-mail will usually be printed and filed in the patient's medical record.

Office staff may receive and read your messages.
Practice will not forward patient identifiable E-mails outside of the Practice without the patient's prior written consent, except as authorized or required by law.

The patient should not use E-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse. Practice is not liable for breaches of confidentiality caused by the patient or any third party.

It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

This consent will remain in effect until terminated in writing by either the patient or Practice.

In the event that the patient does not comply with the conditions herein, Practice may terminate patient’s privilege to communicate by E-mail with Practice.

3. INSTRUCTIONS

To communicate by E-mail, the patient shall:

Avoid use of his/her employer’s computer.

Put the patient's name in the body of the E-mail.

Key in the topic (e.g., medical question, billing question) in the subject line.

Inform Practice of changes in his/her E-mail address.

Acknowledge any E-mail received from the Practice and/or Physician.

Take precautions to preserve the confidentiality of E-mail.

Protect his/her password or other means of access to E-mail.

4. PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of E-mail between the Practice, Physician and me, and consent to the conditions and instructions outlined, as well as any other instructions that the Practice may impose to communicate with patient by E-mail. If I have any questions, I may inquire with the Practice Privacy Officer.

I, for myself, my heirs, executors, administrators and assigns, fully and forever release and discharge Leo Treyzon, M.D., Inc. and its affiliates, shareholders, officers, directors, physicians, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail.
PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother’s expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician’s partners, associates, association, corporation or partnership, and the employees, agents and agents of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician or patient to collect or contest any medical fee shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any malpractice claims, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party’s pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party’s own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 987.7 and Civil Code Sections 333.1 and 333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05; however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:

Effective as of the date of first medical services

X______________________________
Patient’s or Patient Representative’s Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

By: ______________________________  By: ______________________________
Physician’s or Authorized Representative’s Signature  Patient’s or Patient Representative’s Signature
(Date) (Date)

By: Leo Treyzon M.D., Inc.
8631 W. Third Street, Suite 1015-E
Los Angeles, CA 90048

By: ______________________________
Print Patient’s Name

(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be given to the Patient. Original is to be filed in Patient’s medical Records.
(2-12)
Dear Patient,

Thank you for scheduling your upcoming procedure with our office. We would like to inform you of the four (4) different entities which will be involved in providing care the day of your procedure. These providers will be billing your insurance for their respective services. Should you have any billing related questions before or after your procedure, please feel free to contact them directly through their contact person listed below:

1. **Doctor:** Leo Treyzon, M.D.
   
   **Pre-Procedure Office:** Amie Kim  
   (310) 652-4472  
   **Billing Office:** Nexus Health Systems  
   (310) 929-4141

2. **Endoscopy Facility:** La Peer Surgery Center
   
   **La Peer Insurance Verification & Payment Information:**  
   Linda Romero  
   (310) 360-9119 x 4003

3. **Anesthesiologist:** Cedars Sinai Anesthesiology Group [General Anesthesia Services Partners (GASP)]
   
   **Billing Manager:** Gina Tice  
   (213) 673-3700

4. **Pathologist:** If biopsies are taken or polyp(s) are removed  
   
   **PathMD:** (424) 245-7284  
   **Cedars Sinai Pathology:** (866) 201-8509

Please note that our office does not perform billing services for these other providers. They may bill your insurance and/or you separately. Please let us know if you have any further questions. Our office is a good start to make your first call. We can help guide you to the right person if you have a bill question.

**Cancellation Policy**

There is a **$250** cancellation fee if you do not give cancellation notice within at least 72 hours of your scheduled procedure. If your procedure is on a Monday, you must give notice of cancellation to Dr. Treyzon’s office by Thursday at 5:00 P.M. With ample time, we are able to cancel the services of the anesthesiologist and nursing staff that are scheduled for your procedure. Thank you.

Patient Signature __________________________ Date __________________________
Notice of Patient Privacy

To our patients: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- If required to do so by a law enforcement official.
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

For Workers Compensation and similar programs.

Your Rights Regarding Your Health Information

Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.

You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to (see below).

You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to (see below). You must provide us with a reason that supports your request for amendment.

Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.

Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact (see below). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact: Leo Treyzon MD @ (310) 652-4472.

Patient Signature __________________________________________ Date _______________________

Initial Here: [ ]
**Colonoscopy Prep Instructions**

**PROCEDURE DATE:** ____________________  **DRINK PART 1 of Su-Prep:** ____________________

**ARRIVAL TIME:** ____________________  **DRINK PART 2 of Su-Prep:** ____________________

**PROCEDURE TIME:** ____________________  **DEPARTURE TIME:** ____________________

**INTRO:** You are scheduled for a colonoscopy. A clean colon is essential for detecting and removing flat polyps. The most dangerous polyps are flat polyps, and they can be missed if the colon is not clean. A split prep increases the cleaning of your colon by > 95%.

- The second dose is drunk usually 5 hours before the procedure start time.
- Purchase your SuPrep Bowel Prep using your prescription.
- Purchase Desitin creamy diaper rash or Vaseline ointment in case you get irritated on your backside.
- Purchase Halls Menthol Cough Drops

Please remember to have a responsible adult drive you home. We will not release you to a taxi or city bus. You will not be able to walk even if you live just a few blocks away. If you cannot find someone to drive you home, then we can reschedule your procedure for another day.

**10 Days Prior to Procedure:**

- Purchase your SuPrep Bowel Prep using your prescription. Purchase Desitin creamy and Halls cough drops.
- Purchase clear liquids so you’re prepared that morning. An example is Gatorade or Pedialyte or 7-Up.
- Arrange for your ride to and from the procedure center.
- Let us know if you are on Plavix, Coumadin, Aspirin, Aggrenox, Pradaxa or any other blood thinner. Call the office ten days prior and tell us what the indication for the medication was from your doctor. We will make a recommendation about continuation or discontinuation of the medicine prior to procedure. Dr. Treyzon might have to call your doctor who prescribed it to find out if your medicine can be held.

**3 Days Prior to Procedure:**

- Last chance to cancel your appointment for any reason. Please call the office if you have any questions about payment issues, scheduling problems etc. You will be charged $250.00 if you cancel in less than 72 hours prior to procedure.

**2 Days Prior to Procedure:**

- Drink at least 6 large glasses of water throughout the day, eat regularly.
- Don’t eat anything with seeds.
Colonoscopy Prep Instructions (continued)

On The Morning Prior To Procedure:

- Begin clear liquid diet starting at 9:00 AM: see clear liquid diet choices for help. You may have a light breakfast prior. Light breakfast includes yogurt (without fruit or granola), eggs, one slice of white toast.
- Be sure to drink 6 glasses of water in addition to the clear liquids of your choice.

On The Evening Prior To Procedure:

- 5:00 PM (or when you come from work), start Suprep Part 1:
- Pour 1 six-ounce bottle of SuPrep liquid into the mixing container. Add a chilled clear liquid of your choice to the container until full (16 ounces). DRINK ALL OF THE LIQUID. Thereafter, drink 2 more servings of 16 ounces containers of water. If you get nauseated, slow down your drinking.

On The Morning Of The Procedure:

- 5 hours prior to the procedure start, drink Suprep Part 2:
- Pour 1 six-ounce bottle of SuPrep liquid into the mixing container. Add a chilled clear liquid of your choice to the container until full (16 ounces). DRINK ALL OF THE LIQUID. Thereafter, drink 2 more servings of 16 ounces containers of water. It is ok to drink all 32 ounces 4 hours prior to start time.

Morning Of Procedure:

- DO NOT DRINK OR EAT ANYTHING 4 HOURS BEFORE YOUR PROCEDURE. YOUR PROCEDURE WILL BE CANCELLED.
- You should take your essential morning medications with small sips of water, especially blood pressure pills.
- Please be sure to bring the following with you to the surgery center:
  o Insurance Cards and Method of Payment for payment due (if applicable)
  o Medication List and the La Peer History and Physical form that you were provided
  o Driver’s License (the surgery center will request a copy)
  o Have a driver to take you home. A taxi is not acceptable.
Clear Liquid Diet Choices

After your prep, your stools should be clear, yellow or clear green liquid with NO solid matter. If not, please call the office at (310) 652-4472.

NO ALCOHOLIC BEVERAGES

Clear Liquid Allowed:

• Water
• Tea
• Apple juice, white grape juice, lemonade (no pulp)
• Powder juices – Kool-Aid, Crystal Light
• Carbonated juices, water, or sodas (no dark colors)
• Sports drinks such as Gatorade, All-Sport, Powerade, etc.
• Chicken broth, bouillon, consommé
• Plain/flavored Jello
• Popsicles
• Hard Candies

Clear Liquid Drink Recipes:

<table>
<thead>
<tr>
<th>Fruit Fizz</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup clear fruit juice (from list), ½ cup sparkling water, ½ cup ice.</td>
</tr>
<tr>
<td>Blend ice and juice until slushy, add sparkling water.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frozen Fruit Slush</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 6 oz can of frozen clear juice concentrate, 4 tbsp sugar, 3 cups crushed ice.</td>
</tr>
<tr>
<td>Mix all ingredients and blend until smooth.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lemon Lime Slushie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juice from 2 limes and 1 lemon, 1 cup sparkling water, 1 cup ice, 4 tsp. sugar.</td>
</tr>
<tr>
<td>Blend ice and juice until slushy. Pour in glass and add sparkling water.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homemade IcePops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add any juice of your choice to an ice cube tray, allow to freeze for about 40 minutes, add toothpick or popsicle sticks and freeze completely.</td>
</tr>
</tbody>
</table>

If you experience nausea or vomiting during the prep, try the following:

• Chill the mixture before consumption.
• Suck on lemon or lime slices.
• Use a chaser such as Crystal Light or white cranberry juice.
• Use Halls Mentho-lyptus to numb your taste buds.
• Drink with a straw.
• Take a 15-30 minute break then start drinking again.
What Is Colonoscopy Screening

Colon cancer is the 2nd most common cause of cancer death in both men and women, 2nd to breast in women, and prostate in men. There are over 150,000 cases per year and 60,000 deaths. One out of 25 men and women over the age of 50 will develop colon cancer. It is virtually the only preventable cancer, because the usual form of colon cancer arises from benign tumors called polyps. If one looks into the colon and finds and removes these polyps, then their transformation to cancer is eliminated. The incidence of colon cancer starts to rise at age 40, rises significantly after age 50, and screening of healthy people is recommended.

There are various methods to examine parts or all of the colon. The most complete exam and the one recommended is a colonoscopy, which covers the entire colon, about 4-5 feet. One can perform "flexible sigmoidoscopy" in the office, which covers the lower 2 feet of colon, an area where up to 45% of polyps and cancers occur. A barium enema X-ray can also be done to evaluate the entire colon. In this exam, after a preparation similar to colonoscopy, one has an enema with radiographic contrast infused into the rectum and colon, with X-rays taken to see if there are any growths. It is not as accurate as colonoscopy and thus is not an adequate screening test, but can be done without sedation, and is less "invasive". One can combine a flexible sigmoidoscopy to examine the lower 2 feet of colon, with a barium enema X-ray to cover the rest of the colon. "Virtual Colonoscopy" is a term used for a CT scan of the colon. This exam requires the same preparation as colonoscopy, is somewhat uncomfortable, there is not enough data to tell if this exam is accurate enough to obviate the need for colonoscopy, and because it is still somewhat experimental is not typically covered by insurance. If a polyp were to be found on these other exams, a colonoscopy would be necessary to remove them. A pill camera colonoscopy was approved by the FDA in 2014. Its role is as of yet uncertain.

All insurance plans cover colonoscopy if there is a symptom or finding that makes the exam "medically necessary" such as rectal bleeding, a polyp found on sigmoidoscopy, or an abnormal barium enema X-ray. Since about 2002, "screening colonoscopy" for healthy individuals age 50 and over and for those younger individuals at higher risk is covered by insurance. Those with a family history of colon cancer may benefit from screening as early as 40 years of age or earlier. African-Americans have been said to benefit from screening as early as 45 years.

The preparation is an entire day of clear liquids such as clear soup, clear juices and jello, and two doses of a laxative preparation. The clear liquid diet starts the morning of the day before the procedure, and continues until four hours prior to arrival. No fluids are taken starting four hours prior to the arrival time.

In the recent past the most commonly used laxative was "Fleet’s Phosphosoda", a concentrated salty tasting solution of sodium phosphate taken as two doses of 1 ½ ounces each the evening prior to the exam and in the early morning of the exam. However, recently there have been reports of kidney failure due to the precipitation of sodium phosphate crystals in the kidneys and we have moved away from that solution. We are presently using “Suprep” also taken the afternoon or evening prior to the exam and the morning of the exam. The morning dose the day of the procedure is important to ensure a “very effective” colon cleansing, allowing all of the lining of the colon to be carefully and completely examined. The evening dose generally requires up to three or more hours to complete its effect, whereas the next morning dose is faster. One should allow 3 hours for the effect of the morning dose before leaving for the procedure. Thus, if the arrival appointment is early, one will need to awaken “very early” to complete the ingestion and subsequent clean-out before leaving your home.

Colonoscopy is typically performed in an outpatient surgery center or “GI Lab” of a hospital. One typically arrives 45 minutes to 1 hour before the start of the procedure in order to sign in, disrobe and put on a...
What Is Colonoscopy Screening - continued

gown, have an intravenous line started, and discuss your health history with the nursing and anesthesiology staff.

The anesthesia is usually administered by one of our anesthesiologists. The medication used typically is Propofol, an ultra short-acting sedative with a “half-life” of about five minutes. This sedation is not considered general anesthesia, as you will be “breathing on your own,” but you will not be aware during the procedure. You will be awake and alert in the recovery room, as the medication is metabolized very quickly. The recovery time is 20 to 30 minutes and you may leave and eat anything afterward unless we discuss other plans. You may return to work the next day if you wish, and we ask you not to drive until the following day. In addition, if you have been sedated, you MUST by state law be discharged from the recovery room to someone responsible that you know. A taxi driver does not count! You will be asked upon arrival for the name of this person. If you have no one who could pick you up, we have someone who will do so for a fee.

During colonoscopy, if we encounter a polyp we will remove it at that time. We receive a pathology report on all specimens 5 days later. We will send you the results of your biopsy specimens. About 30% of colonoscopies performed for screening yield one or more polyps, and in about 10% of exams a “significant polyp” is found. These are polyps that are typically larger and on microscopic exam considered to be benign, but at a higher risk for advancement to cancer if removal is not performed. Because it is theorized that it takes 3 to 15 years to develop a polyp and have it progress towards cancer, an interval of 5 years between exams is probably safe, provided no significant polyp was found initially.

Every procedure has risks. This includes procedures such as x-rays, eye exams, surgery, and colonoscopy. We have no reason to think you will have a complication of this procedure, otherwise we would not schedule it. Regardless, you need to be informed that certain rare reactions are possible. For colonoscopy the potential risks include (but are not limited to) bleeding, infection, perforation, vomiting and aspiration into the lungs, spleen injury, cardiovascular problems such as abnormal heart rhythm, respiratory depression, and missed abnormalities (particularly if the colon is not clean). We encourage you to have an anesthesiologist present for your procedure. If you have questions about any of this, I strongly encourage you to call me to discuss.
### Colonoscopy – Frequently Asked Questions

<table>
<thead>
<tr>
<th>Q: How long does it take for the SuPrep solution to work?</th>
<th>A: The first dose usually works within 3 hours but may take up to 5 hours. The second dose works much faster and is usually completed by 2½-3 hours.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q: What if the first dose of SuPrep has no effect in 5 hours?</td>
<td>A: Because of the difficulty in properly cleansing the colon, two effective doses are necessary. If the first dose has not had any significant effect by 5 hours, consider taking 3 Dulcolax tablets. That is, 5 hours after the first dose, a dose of Dulcolax tablets will be necessary. Of course, the morning dose of SuPrep is still required.</td>
</tr>
<tr>
<td>Q: What if my first dose is so effective that I believe I do not need a second dose?</td>
<td>A: Unfortunately, two doses are necessary! If you are to have a properly cleansed colon, you will need to take the second dose. If for some reason, you do not take all the prescribed doses, be sure to tell me prior to the exam, preferably before you arrive.</td>
</tr>
<tr>
<td>Q: What if I am very sensitive to these laxatives and I believe, after taking the first dose, that the second dose is “too much for me”?</td>
<td>A: In this situation, try taking one-half of the second dose. If this is effective, perhaps this will be sufficient. If you feel you can handle it, you can then take the other half quart 30 to 60 minutes later. Again, in the majority of cases, two full doses are required.</td>
</tr>
<tr>
<td>Q: The SuPrep tastes terrible and has caused nausea. What can I do?</td>
<td>A: You can purchase Halls Mentho-Lyptus and suck on the lozenges in order to numb the tongue so you cannot taste it as well. In addition, the powder can be mixed in ANY clear liquid such as 7 UP, Sprite or clear fruit juice. Though this preparation may lead to significant nausea, and even vomiting, this is rare. The nausea usually recedes after 30 minutes to 2 hours. Hang in there! For the second dose, to avoid this nausea, take it slower and mix the liquid in something better tasting.</td>
</tr>
<tr>
<td>Q: I am confused by the instruction of when to stop taking liquids. When do I stop?</td>
<td>A: You can take all the clear liquids you want until 4 hours before your arrival time. Note that if your arrival time is particularly early, such as 6:45 a.m., you should plan to complete your laxative and liquids by 2:45 a.m., as you will not be able to take clear liquids after that.</td>
</tr>
<tr>
<td>Q: I've heard the laxative tastes “dreadful”. Is there an alternative?</td>
<td>A: It tastes sweet or salty but is not all that bad. I would mix it with something “tasty”, such as 7 UP or ginger ale, take it over ice, perhaps through a straw to reduce the taste, and follow immediately with Jello to clear your mouth of the taste. And remember, this is only one day, and it’s for a good cause!</td>
</tr>
</tbody>
</table>
| Q: I have taken only part of the prescribed preparation because I feel “clean enough.” Is that okay? | A: If you do not follow the prescribed clean-out instructions, you risk not being clear enough for a complete exam and may need to repeat it. Please let me know if you find you have to vary the “prep”.
Colonoscopy – Frequently Asked Questions - continued

Q: I have a very early arrival time and will basically need to “pull an all-nighter” if I am to take the prescribed preparation early in the morning. What can I do?  
A: If you have a really early arrival time, like 6:30 AM, you could take the first dose in the mid to late afternoon and the second dose around 11 PM – 12 AM. Please let us know if you plan on doing that – your idea of early and mine may differ! And trust me… that morning dose is very important to achieve a clean colon.

Q: I tend toward constipation. Should I add something to my clean-out regimen to ensure an adequate “preparation?”  
A: Good point! Please let me know this so we can “kick-start” your cleanout the evening before the clear liquid diet starts. We might add 4 Dulcolax tablets that evening or a more vigorous agent if needed. You might also ask for a later procedure time, so if the morning dose is less than “effective”, we have time to add something before you come in.

Q: When will I be ready to leave the facility after my procedure is completed?  
A: Typically you will leave 3 hours after you arrive. Please have your ride park and come up to the waiting room and announce themselves. We will call them into the recovery room when you are ready to leave, typically 30 minutes after your procedure is completed.

Q: When will I hear about my results?  
A: I will see you in the recovery room before you leave and discuss the procedure results with you. If biopsies have been taken or polyps removed, we will receive the report within the next 5 days. If there is a significant finding, we will call you at that time. If the findings are minimal, or the polyp(s) removed “diminutive”, I will let you know in the recovery room, and we will not plan on calling you. We usually email you if you allow us to send your records by email.

Q: I am very apprehensive and concerned about the anesthesia. Will I meet the anesthesiologist before the procedure and have a chance to tell him/her my needs and concerns?  
A: Yes, you will have ample opportunity to discuss any concerns with me and the anesthesiologist in the “pre-op” area prior to the procedure. Of course, feel free to discuss these needs or concerns with me before your procedure date as well.

Q: How soon may I travel after the procedure?  
A: If no electrocautery is used in the removal of significant polyps, you may travel virtually immediately. If we do remove large polyps with cautery, however, there is a small chance of bleeding up to 10 days afterward, and I would not recommend travel of any consequence for 10 days, certainly not to Third World countries!

Q: I am quite modest, and wonder if I will be embarrassed during the procedure?  
A: You will be well covered during the procedure, and every effort is made to respect your privacy.
Bring this page with you on day of procedure. You do not need to send back to Dr. Treyzon.

MAP TO LA PEER SURGERY CENTER

FROM THE I-10 WEST:
Take the ROBERTSON BLVD exit
Make at a RIGHT at the off ramp
Head north on Robertson Blvd
Make a LEFT onto WILSHIRE BLVD
Turn LEFT on LA PEER DRIVE

Parking entrance on your left hand side.

FROM THE I-10 EAST:
Take the LA CIENEGA BLVD – NORTH exit
Head north on La Cienega Blvd
Make a LEFT onto WILSHIRE BLVD
Turn LEFT on LA PEER DRIVE

Parking entrance on your left hand side.

IMPORTANT NOTES:

La Peer Surgery Center is located in Suite 101. Please press GARDEN/PHARMACY LEVEL on the elevator to reach our floor. From the elevator, you will make a right and head straight to the garden area. You will see a sign pointing to your right for SUITE 101.

Parking Structure Opens at 5:30AM. If you are scheduled to arrive prior to 5:30AM, please park on Wilshire and move your car immediately after the structure opens. [Please note that parking on Wilshire is PROHIBITED from 7:00AM-10:00AM]

Building elevator services start at 6:00AM. If you are scheduled to arrive before 6:00AM, there are two ways to gain access to La Peer Surgery Center

If you are parked on Wilshire, a stairwell leading straight to our surgery center entrance is available.

If you are parked on P1 Valet floor, please take the stairwell up to the Garden & Pharmacy level. Please ring the doorbell so that a La Peer staff can assist you.

****Please READ any/all street signs when utilizing street or metered parking. La Peer Surgery Center will not be held liable for cars that get ticketed or towed.
### Patient History/Nursing Assessment

#### Admission Form

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Possible pregnancy?</th>
<th>Last menstrual period</th>
<th>Blood Clots</th>
<th>Blood Thinner Medications: Coumadin, Plavix, Aspirin, Pradaxa, etc.</th>
<th>Dentures, bridges, loose teeth, or partial?</th>
<th>Glasses/Contact lenses or hearing aid?</th>
<th>Artificial objects in body?</th>
<th>Pain scale 0-10:</th>
</tr>
</thead>
</table>

#### Allergies/Sensitivities

- Alcohol
- Drug use
- Recent steroid use?
- Leukemia/Lymphoma/ Cancer
- Radiation therapy
- Chemotherapy
- Immune disorders
- Weight loss > 10 lbs

#### Medications History

- Any prescription medications taken (list all, including herbal meds) Last Taken

#### Social History

- Personal or family history of anesthesia problems?
- Difficulty swallowing
- History of Malignant Hyperthermia?
- Colon problems
- Stomach problems
- Frequent heartburn

#### Blood/Liver/Digestive Systems

- Anemia
- Bleeding tendency/Disorders
- Hepatitis/Jaundice
- Gallstones
- Difficulty swallowing
- Kidney problems

#### MUSCULOSKELETAL/NEUROLOGICAL

- Convulsion/Seizures
- Blackouts/Fainting
- Mental Health problems
- Stroke
- Nerve/Muscle problems

#### Endocrine/Urinary Diseases

- Diabetes
- Thyroid disorder
- Kidney problems

#### Last time I had anything to eat or drink:

- Nurse's comment:
- Nurse Signature: __________________________ Date: __________________________

#### Lungs Diseases

- Asthma/ Wheezing
- Emphysema/COPD
- Chronic cough
- Pneumonia
- Tuberculosis/+ TB test
- Recent TB exposure
- Travel within the past 10 days to Hong Kong, China, Singapore, Taiwan, Vietnam or Toronto
- Valley fever
- Smoker?
- Recent cold/flu

#### Heart/Circulation Diseases

- High blood pressure
- Heart murmur/MVP
- Heart attack/Stents/Last Cardiologist Visit
- Chest pain/ Angina
- Irregular heart beat
- Pacemaker/AICD
- Short of breath/Heart Failure
- Rheumatic fever

#### Anesthesia plan:

- GA REG
- BLOCK MAC
- CONSCIOUS SEDATION

- ASA class: 1 2 3 4 E

- MD Signature: __________________________ Date: __________________________

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**La Peer Surgery Center Patient History & Nursing Assessment**

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Initial Here: __________________________
La Peer Surgery Center List of Rights & Responsibilities for Patients

This Surgery Center has adopted the following list of Rights and Responsibilities for Patients:

**PATIENT RIGHTS:**

- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care.
- Treated with respect, consideration, and dignity.
- Provided with appropriate personal privacy care in a safe setting, and free form all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other medical personnel who will see him/her in their surgery including scrubbing.
- Receive information from his/her physician about his illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies.
- The right to receive marketing or advertising materials that reflects the services of the Centers in a way which is not misleading.
- The right to express their concerns and receive a response to their inquiries in a timely fashion.
- The right to self-determination including the right the accept or to refuse treatment and the right to formulate an Advance Directive.
- The right to know and understand what to expect related to their care and treatment.

**PATIENT RESPONSIBILITIES:**

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child’s care.
- Gather as much information as you need to make informed decisions.
- Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
- Follow the care prescribed or recommended for you out your child by the physicians, nurses and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
- Respect the right and privacy of others.
- Assume the financial obligations associated with your own or your child’s care, are fulfilled.
- Responsible for being respectful of his/her personal property and that of other persons in the Center.
- Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don’t understand, ask again.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
- Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.

I received information on patient rights, patient responsibilities, physician disclosures, advance directive policy and grievance policy at least one day in advance of my surgery.

_________________________
PRINT NAME
_________________________
SIGNATURE
_________________________
DATE

**ADVANCE DIRECTIVES**

An “Advance Directive” is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directive differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like more information regarding advance directives in CA, visit [http://asq.ca.gov/consumers/general/adv_hc_dir.php](http://asq.ca.gov/consumers/general/adv_hc_dir.php)

**OUR SURGERY CENTER’S ADVANCE DIRECTIVE POLICY:**

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your surgery.

**PATIENT CONCERNS AND/OR GRIEVANCES:**

Persons who have a concern or grievance against La Peer Surgery Center but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

La Peer Surgery Center
9200 Watanabe Boulevard, Suite 101
Beverly Hills, CA 90211 or by Writing the California Department of Public Health
P.O. Box 997777, MC 3000
Sacramento, CA 56899 7377

Notice to Medicare Patients:

Medicare Patients should visit the website below to understand your rights and protections:


Initial Here: [ ]

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