

EDMUNDS GASTROENTEROLOGY

Patient Procedure Instructions

Patient Name: _____ Chart # _____ DOB: _____

Date of Procedure: _____ Arrival Time: _____

Please read and initial the following important policies

- _____ 1. Please complete the paperwork in your packet and bring it with you to the day of your procedure.
- _____ 2. Please bring identification with your picture on it and your Insurance Card.
- _____ 3. A responsible driver **MUST** accompany you to the Endoscopy Center and must stay at the facility for the duration of your procedure and return you to your home when you are discharged. **Your procedure will be cancelled if you arrive alone or if the person bringing you cannot stay at the facility for the duration of your procedure.** Plan on being at the center approximately 2-2 ½ hours.
- _____ 4. If a need is identified, the scheduler will arrange for an interpreter to be present at the center for your procedure. This will be at no cost to the patient. If you decline the interpreter, please let the scheduler know.
- _____ 5. Please make sure that you have received a copy of your preparation (prep) instructions. If you do not completely understand the prep instructions, please call our office and speak to the scheduler for clarification.
- _____ 6. If you need to cancel your procedure, you must call our office three (3) business days prior to the procedure. If unforeseen circumstances arise the morning of the procedure, you must call the endoscopy center phone number listed above. The center opens between 5:30am and 6:00am.
- _____ 7. Our Center's policy on **Advance Directives (Living Will)** is: "The Center's policy for limiting advance directives is to always attempt to resuscitate a patient and transfer the patient to the hospital in the event of deterioration." Please see our website for applicable State Laws on Advance Directives.
- _____ 8. The Patient's Rights and Responsibilities are provided to you in your packet. Please review these forms, sign, date and take to the Center on the day of your procedure.
- _____ 9. Please do not wear jewelry to the center and please leave all valuables at home.
- _____ 10. Please do not apply any lotion, skin softeners or perfume, as this interferes with our monitoring equipment.

I have read and understand the policies above.

Patient's Signature

Date