

An affiliate of St. Joseph's Health

**UPPER GASTROINTESTINAL ENDOSCOPY
ROME HEALTH GASTROENTEROLOGY
PHYSICIAN PERFORMING PROCEDURE
Aamer Mirza, M.D.
315-338-7040**

Pat Whole Name (First Name First) DOB: Pat DOB

Procedure Facility

- Rome Health 1500 North James St. Rome, NY 13440 Phone: 315-338-7040
- Griffiss Surgery Center 105 Dart Circle Rome, NY 13441 Phone: 315-533-5747

Scheduled for Out-patient Upper Gastrointestinal Endoscopy: 00/00/0000 . Be at the procedure facility by: --:-- .

PLEASE READ INSTRUCTIONS 3 WEEKS PRIOR

***If any change in your medical condition, please let us know in advance.**

***If any change in your insurance and/ or contact information, please let us know.**

INSTRUCTIONS

1. DO NOT take any aspirin, aspirin products, Advil, Arthrotec, Relafin, Naprosyn Aleve, or Motrin, Iron supplements, multi-vitamins, fish oil, and Vitamin E for 5-7 days prior to the endoscopy unless otherwise instructed. If patient is taking Blood thinners including Coumadin, Plavix, or Aggrenox they must hold for 5 days prior to procedure per doctor controlling medication. If patient is taking Pradaxa, Xarelto, Effient, or Eliquis, they must hold at least 2 days prior to procedure per doctor controlling medications. If you are taking Ibuprofen, STOP 3 days prior to procedure.
2. If you are taking nay kind of pain medication other than Tylenol, please call the office to determine if and when you need to stop taking the medication prior to your procedure.
3. Nothing to eat or drink except the prep and medication as discussed below, after midnight.
4. **DO NOT** take any medications in the morning except medication to control blood pressure, seizures, or medication for your heart.
5. If you are **DIABETIC** please check with your primary care physician regarding diabetic medications.
6. **DO NOT** take Phentermine at least 14 days prior to procedure.
7. You must have someone with you to take you home or we cannot perform the exam.
8. Medications that may be taken: Tylenol
9. Expect to be at the clinic 4-5 hours.

****Dentures will need to be removed during the procedure****

IF YOU USE A C-PAP MACHINE, BRING IT WITH YOU IF YOUR PROCEDURE IS AT GRIFFISS SURGERY CENTER.

Be sure to arrange transportation before your procedure. A responsible adult over the age of 18 must drive you home. Transportation will be verified before the procedure. You may use a taxi (but not a bus) for your transportation only if you have a person accompanying you other than the taxi driver. Your procedure will be canceled if these arrangements are not made. **EXPECT TO BE AT THE CLINIC FOR 4-5 HOURS.**

Please be advised that approximately 1 week to 1 day prior to your scheduled procedure you will be receiving a call from a Registered Nurse from the Pre-Admission Screening Dept. This appointment is important and necessary to complete in order for you to have the procedure.

if you do not show up to the procedure you will be at risk of being discharged from the practice.

Required prior to your procedure

- Evaluation appointment 3 months prior to your procedure

Gastroenterology (GI) Procedure Cancellation/no-show Policy

- Our goal in gastroenterology is to provide quality treatment and care in a timely manner to all our patients. We schedule our appointments so that each patient receives the right amount of time to be seen by our providers and staff.
- Please note, scheduled procedures deemed urgent that are canceled by a patient without reasonable cause may have a wait time of 6 months or more to be rescheduled.
- Patients in need of medical clearance prior to their procedure: please be advised that this clearance must be completed at least 2 weeks prior to the scheduled procedure or the appointment may be cancelled.
- Please be courteous and call our office promptly if you are unable to attend your scheduled procedure appointment. This time will be reallocated to someone who is in urgent need of treatment. Available appointments are in high demand and your early cancellation will give another person the opportunity to have access to timely care.



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**COLONOSCOPY PREP INSTRUCTIONS
PHYSICIAN PERFORMING PROCEDURE**

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315-338-7040**

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***If any change in your insurance and/ or contact information, please let us know.**

CLENPIQ PREPARATION

TWO WEEKS before procedure: STOP Phentermine, if you are taking.

ONE WEEK before the procedure: no corn or popcorn should be eaten until after the procedure. STOP taking all Aspirin products, Arthrotec, Relafin, Naprosyn, Aleve, Iron supplements, and multi-vitamins, fiber supplement, fish oil, and Vitamin E (Can use Tylenol).

Important: If you are taking any kind of pain medication other than Tylenol, please call the office to determine if and when you need to stop taking the medication prior to your procedure.

5 DAYS before procedure; stop Coumadin, Plavix, or Aggrenox.

3 DAYS BEFORE PROCEDURE: STOP IBUPROFEN (ADVIL & MOTRIN), NO FRESH OR FROZEN VEGETABLES, FRUITS, OR NUTS. CAN HAVE CANNED VEGETABLES AND FRUIT. NOTHING WITH SEEDS OR SKINS.

2 DAYS before procedure: stop Pradaxa, Xarelto, Effient, or Eliquis. Please verify with your primary care physicians.

1 DAY before procedure: Ingest clear liquids only for the entire day starting at breakfast. **PLEASE HAVE NOTHING FOR DINNER.** Clear liquids include broth without noodles, JELL-O (no purple or red) without fruit, clear fruit juices, soda, and tea. Tea may be sweetened with honey or sugar. No dairy. (See clear liquid instructions below)

THE AFTERNOON OF THE DAY BEFORE YOUR COLONOSCOPY-DAY BEFORE REGIMEN

Date: 00/00/0000 **Time:** Between 4-6 PM

STEP 1: Do not refrigerate, do not mix with anything else, drink the entire contents.

STEP 2: Follow with FIVE (5) 8-ounce drinks of clear liquid, taken at your own pace within the next 5 hours.

THE LATE EVENING OF THE DAY BEFORE YOUR COLONOSCOPY, DAY BEFORE REGIMEN BEGINS

Date: 00/00/0000 **Time:** Between 10 PM-12 AM

STEP 1: Drink the entire contents, do not refrigerate, do not mix with anything else.
STEP 2: Follow with THREE (3) 8-ounce drinks of clear liquid within 5 hours, before the colonoscopy.

THE EVENING BEFORE YOUR COLONOSCOPY PROCEDURE - SPLIT DOSE REGIMEN

Date: 00/00/0000 Time: Between 5-9 PM

STEP 1: Drink the entire contents, do not refrigerate, do not mix with anything else.
STEP 2: Follow with FIVE (5) 8-ounce drinks of clear liquid within 5 hours, before the colonoscopy.

THE MORNING OF YOUR PROCEDURE - SPLIT DOSE REGIMEN

Date: 00/00/0000 Time: 5 hours before your colonoscopy

STEP 1: Drink the entire contents, do not refrigerate, do not mix with anything else.
STEP 2: Follow with a MINIMUM OF THREE (3) 8-ounce drinks of clear liquids. Finish all your liquids at least 3 hours before your colonoscopy.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT ONLY THE PREP IN THE AM.

ON THE DAY OF THE EXAMINATION: You may take your blood pressure, seizure, or heart medication with a small sip of water. You may take your PPI's, Inhalers, and narcotics given 6 hours prior to procedure. **NO aspirin based medications.**

IF YOU USE A C-PAP MACHINE, BRING IT WITH YOU IF YOUR PROCEDURE IS AT GRIFFISS SURGERY CENTER.

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• If you are **DIABETIC** please check with your primary care physician regarding medications.

IF YOU HAVE ANY PROBLEMS WITH THIS PREP, PLEASE CALL THIS OFFICE AT ANY TIME OF THE DAY OR NIGHT. IN THE MORNING IF BOWEL MOVEMENTS AREN'T COMPLETELY CLEAR (WITHOUT ANY STOOL) CALL THE OFFICE AND THE FACILITY WHERE YOUR PROCEDURE IS SCHEDULED TO BE PERFORMED (PHONE NUMBERS ABOVE).

***Start at Breakfast Day Before Procedure!!
CLEAR LIQUID DIET - ONLY THESE FOODS ARE ALLOWED**

SOUP: Clear bouillon, clear broth, clear consommé

BEVERAGES: Tea, coffee, decaffeinated coffee, kool-aid, carbonated beverages

PLEASE DO NOT PUT ANY MILK IN YOUR COFFEE OR TEA.

JUICES: White Cranberry juice, white grape juice, and apple juice. Strained lemonade, limeade or orange drink. **ANY JUICE THAT YOU CAN SEE THROUGH THAT HAS NO PULP**

DESSERTS: Water, ices, Italian ices, popsicles, JELL-O

AVOID THE FOLLOWING: Milk or milk products, juices with pulp or any liquid you cannot see through, Purple/Red JELL-O, Purple/ Red popsicles, Purple/ Red Artificial Coloring

Please be advised that approximately 1 week to 1 day prior to your scheduled procedure you will be receiving a call from a Registered Nurse from the Pre-Admission Screening Dept. This appointment is important and necessary to complete in order for you to have the procedure.

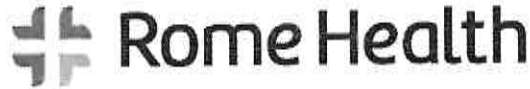
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SUTAB PREPARATION

TWO WEEKS before procedure: STOP Phentermine, if you are taking.

ONE WEEK before the procedure: no corn or popcorn should be eaten until after the procedure. STOP taking all Aspirin products, Arthrotec, Relafin, Naprosyn, Aleve, Iron supplements, and multi-vitamins, fiber supplement, fish oil, and Vitamin E (Can use Tylenol).

Important: If you are taking any kind of pain medication other than Tylenol, please call the office to determine if and when you need to stop taking the medication prior to your procedure.

5 DAYS before procedure; stop Coumadin, Plavix, or Aggrenox.

3 DAYS BEFORE PROCEDURE: STOP IBUPROFEN (ADVIL & MOTRIN), NO FRESH OR FROZEN VEGETABLES, FRUITS, OR NUTS. CAN HAVE CANNED VEGETABLES AND FRUIT. NOTHING WITH SEEDS OR SKINS.

2 DAYS before procedure: stop Pradaxa, Xarelto, Effient, or Eliquis. Please verify with your primary care physicians.

1 DAY before procedure: Ingest clear liquids only for the entire day starting at breakfast. **PLEASE HAVE NOTHING FOR DINNER.** Clear liquids include broth without noodles, JELL-O (no purple or red) without fruit, clear fruit juices, soda, and tea. Tea may be sweetened with honey or sugar. No dairy. (See clear liquid instructions below)

The SUTAB Dosing Regimen- SUTAB is a split dose (2-day) regimen. A total of 24 tablets is required for complete preparation for colonoscopy. You will take the tablets in two doses of 12 tablets each. Water must be consumed with each dose of SUTAB, and additional water must be consumed after each dose.

DOSE 1- On the Day Prior to Colonoscopy

Take the tablets with water

STEP 1 Open 1 bottle of 12 tablets.

STEP 2 Fill the provided container with 16 ounces of water (up to the fill line). Swallow each of the 12 tablets with a sip of water 1-2 minutes apart. Drink the entire amount of water over 15 to 20 minutes.

IMPORTANT: If you experience preparation - related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

Drink additional water

STEP 3 Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

STEP 4 Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line), and drink the entire amount over 30 minutes.

DOSE-2 Day of the Colonoscopy

- Continue to consume only clear liquids until after the colonoscopy.
- The monitoring of the colonoscopy (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1), open the second bottle of 12 tablets.
- Repeat STEP 1 to STEP 4 from DOSE 1.

Important: You must complete all SUTAB tablets and required water at least 2 hours before colonoscopy.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT ONLY THE PREP IN THE AM.

ON THE DAY OF THE EXAMINATION: You may take your blood pressure, seizure, or heart medication with a small sip of water. You may take your PPI's, Inhalers, and narcotics given 6 hours prior to procedure. **NO aspirin based medications.**

IF YOU USE A C-PAP MACHINE, BRING IT WITH YOU IF YOUR PROCEDURE IS AT GRIFFISS SURGERY CENTER.

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***Start at Breakfast Day Before Procedure!!
CLEAR LIQUID DIET - ONLY THESE FOODS ARE ALLOWED**

SOUP: Clear bouillon, clear broth, clear consomme'

BEVERAGES: Tea, coffee, decaffeinated coffee, kool-aid, carbonated beverages

PLEASE DO NOT PUT ANY MILK IN YOUR COFFEE OR TEA.

JUICES: White Cranberry juice, white grape juice, and apple juice. Strained lemonade, limeade or orange drink. **ANY JUICE THAT YOU CAN SEE THROUGH THAT HAS NO PULP**

DESSERTS: Water, ices, Italian ices, popsicles, JELL-O

AVOID THE FOLLOWING: Milk or milk products, juices with pulp or any liquid you cannot see through, Purple/Red JELL-O, Purple/ Red popsicles, Purple/ Red Artificial Coloring

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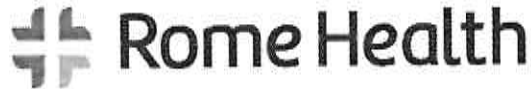
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MIRALAX PREPARATION

TWO WEEKS before procedure: STOP Phentermine, if you are taking.

ONE WEEK before the procedure: no corn or popcorn should be eaten until after the procedure. STOP taking all Aspirin products, Arthrotec, Relafin, Naprosyn, Aleve, Iron supplements, and multi-vitamins, fiber supplement, fish oil, and Vitamin E (Can use Tylenol).

Important: If you are taking any kind of pain medication other than Tylenol, please call the office to determine if and when you need to stop taking the medication prior to your procedure.

5 DAYS before procedure; stop Coumadin, Plavix, or Aggrenox.

3 DAYS BEFORE PROCEDURE: STOP IBUPROFEN (ADVIL & MOTRIN), NO FRESH OR FROZEN VEGETABLES, FRUITS, OR NUTS. CAN HAVE CANNED VEGETABLES AND FRUIT. NOTHING WITH SEEDS OR SKINS.

2 DAYS before procedure: stop Pradaxa, Xarelto, Effient, or Eliquis. Please verify with your primary care physicians.

2 DAYS before procedure: Ingest clear liquids only for the entire day starting at breakfast. Clear liquids include broth without noodles, JELL-O (no purple or red) without fruit, clear fruit juices, soda, and tea. Tea may be sweetened with honey or sugar. No dairy. (See clear liquid instructions below)

At 2 PM on the day before your procedure, take 2 Dulcolax (laxative) tablets. These may be purchased over the counter at your pharmacy.

At 5 PM on the day before your procedure, mix the 238 gram bottle of Miralax in 64 oz of Gatorade or Crystal Light if diabetic (not red or grape). Shake the solution until the Miralax is dissolved. The Gatorade/Miralax is to be split into two 32 oz doses.

Dose 1: At 5 PM the evening before your procedure, begin drinking the Gatorade-Miralax mixture. Drink one 8-ounce glass every 10-15 minutes until half of the entire container is finished (1 quart). This will take about an hour.

Dose 2: 5 hours prior to your procedure drink the remainder of the Gatorade/ Miralax mixture

If your arrival time is before 9 am, please complete this dose at 10 pm the evening prior to the procedure.

Drinking the Gatorade/Miralax solution will cause diarrhea and possibly mild cramping. Expect everything you drink to pass through the rectum. It is important that you drink the whole 64 oz of solution.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT ONLY THE PREP IN THE AM.

ON THE DAY OF THE EXAMINATION: You may take your blood pressure, seizure, or heart medication with a small sip of water. You may take your PPI's, Inhalers, and narcotics given 6 hours prior to procedure. **NO aspirin based medications.**

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- If you are **DIABETIC** please check with your primary care physician regarding medications.

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***Start at Breakfast Day Before Procedure!!
CLEAR LIQUID DIET - ONLY THESE FOODS ARE ALLOWED**

SOUP: Clear bouillon, clear broth, clear consommé

BEVERAGES: Tea, coffee, decaffeinated coffee, kool-aid, carbonated beverages

PLEASE DO NOT PUT ANY MILK IN YOUR COFFEE OR TEA.

JUICES: White Cranberry juice, white grape juice, and apple juice. Strained lemonade, limeade or orange drink. **ANY JUICE THAT YOU CAN SEE THROUGH THAT HAS NO PULP**

DESSERTS: Water, ices, Italian ices, popsicles, JELL-O

AVOID THE FOLLOWING: Milk or milk products, juices with pulp or any liquid you cannot see through, Purple/Red JELL-O, Purple/ Red popsicles, Purple/ Red Artificial Coloring

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PLENVU PREPARATION

TWO WEEKS before procedure: STOP Phentermine, if you are taking.

ONE WEEK before the procedure: no corn or popcorn should be eaten until after the procedure. STOP taking all Aspirin products, Arthrotec, Relafin, Naprosyn, Aleve, Iron supplements, and multi-vitamins, fiber supplement, fish oil, and Vitamin E (Can use Tylenol).

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5 DAYS before procedure; stop Coumadin, Plavix, or Aggrenox.

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2 DAYS before procedure: stop Pradaxa, Xarelto, Effient, or Eliquis. Please verify with your primary care physician.

1 DAY before procedure: Ingest clear liquids only for the entire day starting at breakfast. Clear liquids include broth without noodles, JELL-O (no purple or red) without fruit, clear fruit juices, soda, and tea. Tea may be sweetened with honey or sugar. No dairy. (See clear liquid instructions below)

THE PLENVU CARTON CONTAINS 4 POUCHES AND A DISPOSABLE CONTAINER FOR MIXING. YOU MUST COMPLETE THE ENTIRE PREP TO ENSURE THE MOST EFFECTIVE CLEANSING.

Split - Dose Regimen

The evening before your colonoscopy beginning at: --:--

STEP 1- MIX FIRST DOSE: Empty 1 pouch and add lukewarm drinking water to the top line of the container. Mix to dissolve. If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 6 hours.

STEP 2- DRINK FIRST DOSE: Refill the container with 16 oz of water (to the dotted line). This is a necessary step to ensure adequate hydration and an effective prep.

The Morning of your colonoscopy beginning at --:--

STEP 3- MIX SECOND DOSE: Empty 1 pouch A and 1 pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to dissolve. If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 6 hours.

STEP 4- DRINK SECOND DOSE: Every 15 minutes, drink the solution down until the full liter is consumed. Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration.

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SUPREP PREPARATION

TWO WEEKS before procedure: STOP Phentermine, if you are taking.

ONE WEEK before the procedure: no corn or popcorn should be eaten until after the procedure. STOP taking all Aspirin products, Arthrotec, Relafin, Naprosyn, Aleve, Iron supplements, and multi-vitamins, fiber supplement, fish oil, and Vitamin E (Can use Tylenol).

Important: If you are taking any kind of pain medication other than Tylenol, please call the office to determine if and when you need to stop taking the medication prior to your procedure.

5 DAYS before procedure; stop Coumadin, Plavix, or Aggrenox.

3 DAYS BEFORE PROCEDURE: STOP IBUPROFEN (ADVIL & MOTRIN), NO FRESH OR FROZEN VEGETABLES, FRUITS, OR NUTS. CAN HAVE CANNED VEGETABLES AND FRUIT. NOTHING WITH SEEDS OR SKINS.

2 DAYS before procedure: stop Pradaxa, Xarelto, Effient, or Eliquis. Please verify with your primary care physicians.

1 DAY before procedure: Ingest clear liquids only for the entire day starting at breakfast. **PLEASE HAVE NOTHING FOR DINNER.** Clear liquids include broth without noodles, JELL-O (no purple or red) without fruit, clear fruit juices, soda, and tea. Tea may be sweetened with honey or sugar. No dairy. (See clear liquid instructions below)

SUPREP BOWEL PREP KIT IS A SPLIT-DOSE (2-DAY) REGIMEN. BOTH 6-OUNCE BOTTLES ARE REQUIRED FOR A COMPLETE PREP.

FIRST DOSE: AT _ PM the evening before your procedure. You must complete steps 1 through 4 below using one (1) 6-ounce bottle before going to bed.

STEP 1: Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container.

STEP 2: Add cool drinking water to the 16-ounce line on the container and mix.

NOTE: Dilute the concentrated solution as directed prior to use.

STEP 3: Drink ALL the liquid in the container.

STEP 4: You MUST drink two (2) more 16-ounce containers of water over the next 1 hour.

SECOND DOSE: At __ AM the morning of your procedure repeat steps 1 through 4 above using the remaining 6-ounce bottle.

Note: You must finish drinking the final glass of water at least 3 hours, or as directed, before your colonoscopy.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT ONLY THE PREP IN THE AM.

ON THE DAY OF THE EXAMINATION: You may take your blood pressure, seizure, or heart medication with a small sip of water. You may take your PPI's, Inhalers, and narcotics given 6 hours prior to procedure. **NO aspirin based medications.**

IF YOU USE A C-PAP MACHINE, BRING IT WITH YOU IF YOUR PROCEDURE IS AT GRIFFISS SURGERY CENTER.

Be sure to arrange transportation before your procedure. A responsible adult over the age of 18 must drive you home. Transportation will be verified before the procedure. You may use a taxi (but not a bus) for your transportation only if you have a person accompanying you other than the taxi driver. Your procedure will be canceled if these arrangements are not made. **EXPECT TO BE AT THE CLINIC FOR 4-5 HOURS.**

• If you are **DIABETIC** please check with your primary care physician regarding medications.

IF YOU HAVE ANY PROBLEMS WITH THIS PREP, PLEASE CALL THIS OFFICE AT ANY TIME OF THE DAY OR NIGHT. IN THE MORNING IF BOWEL MOVEMENTS AREN'T COMPLETELY CLEAR (WITHOUT ANY STOOL) CALL THE OFFICE AND THE FACILITY WHERE YOUR PROCEDURE IS SCHEDULED TO BE PERFORMED (PHONE NUMBERS ABOVE).

***Start at Breakfast Day Before Procedure!!
CLEAR LIQUID DIET - ONLY THESE FOODS ARE ALLOWED**

SOUP: Clear bouillon, clear broth, clear consomme'

BEVERAGES: Tea, coffee, decaffeinated coffee, kool-aid, carbonated beverages

PLEASE DO NOT PUT ANY MILK IN YOUR COFFEE OR TEA.

JUICES: White Cranberry juice, white grape juice, and apple juice. Strained lemonade, limeade or orange drink. **ANY JUICE THAT YOU CAN SEE THROUGH THAT HAS NO PULP**

DESSERTS: Water, ices, Italian ices, popsicles, JELL-O

AVOID THE FOLLOWING: Milk or milk products, juices with pulp or any liquid you cannot see through, Purple/Red JELL-O, Purple/ Red popsicles, Purple/ Red Artificial Coloring

Please be advised that approximately 1 week to 1 day prior to your scheduled procedure you will be receiving a call from a Registered Nurse from the Pre-Admission Screening Dept. This appointment is important and necessary to complete in order for you to have the procedure.

if you do not show up to the procedure you will be at risk of being discharged from the practice.

Required prior to your procedure

• Evaluation appointment 3 months prior to your procedure

Gastroenterology (GI) Procedure Cancellation/no-show Policy

• Our goal in gastroenterology is so provider quality treatment and care in a timely manner to all our patients. We schedule our appointments so that each patient receives the right amount of time to be seen by our providers and staff.

• Please note, scheduled procedures deemed urgent that are canceled by a patient without reasonable

cause may have a wait time of 6 months or more to be rescheduled.

- Patients in need of medical clearance prior to their procedure: please be advised that this clearance must be completed at least 2 weeks prior to the scheduled procedure or the appointment may be cancelled.

- Please be courteous and call our office promptly if you are unable to attend your scheduled procedure appointment. This time will be reallocated to someone who is in urgent need of treatment.

Available appointments are in high demand and your early cancellation will give another person the opportunity to have access to timely care.