



GI Excellence, Inc.

Gastroenterology Associates

PH: (951) 652-2252 | Office Fax: (951) 925-9252
Office Hours: 9 a.m. to 5 p.m., M-F

- Milan S. Chakrabarty, M.D.
General Gastroenterology
- Indraneel Chakrabarty, M.D., M.A.
Advanced & Interventional
Gastroenterology

Procedure to be at this location:

- Hemet Endoscopy Center
1003 E. Florida Avenues, Suite 104
Hemet, CA 92543
- Rancho Springs Medical Center
25500 Medical Center Drive
Murrieta, CA 92562
- Loma Linda University Medical Center
28062 Baxter Road
Murrieta, CA 92563
- Inland Valley Hospital
36485 Inland Valley Drive
Wildomar, CA 92595
- Temecula Valley Hospital
31700 Temecula Parkway
Temecula, CA 92592
- Hemet Valley Medical Center
1117 E Devonshire Avenue
Hemet, CA 92543

UPPER ENDOSCOPY (EGD) AND/OR ENDOSCOPIC ULTRASOUND (EUS) PREPARATION

Patient Name: _____ Initials _____

Your initials confirm that you have been given these instructions.

DATE OF EGD AND/OR EUS: _____

Time: You will receive a call from our office the evening prior to your appointment, Monday-Friday between 12:00pm-4:00pm, for your time to arrive at the surgery center for your procedure.

DO NOT arrive any earlier than the time you are given. We want to give all of our patients equal time and attention. We cannot rush through a procedure and possibly overlook an area that may become a serious condition in the future. If we happen to run behind our schedule please be patient and accept our sincere apologies..

Co-Payment or any money due PRIOR to your procedure: \$ _____
This must be paid in CASH, CREDIT CARD, OR MONEY ORDER.
NO PERSONAL CHECKS WILL BE ACCEPTED - No Exceptions!

If you do not come prepared with cash, credit card, or money order as requested you will be asked to go and get cash or your appointment will be rescheduled.

The entrance to the surgery center is around to the back of the building. Suite #104. It is very important to read everything on this form. Please call us if you have any questions.

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS

If pre-surgical antibiotics are required, please notify our office several days in advance.

UPPER ENDOSCOPY (EGD) AND/OR ENDOSCOPIC ULTRASOUND (EUS) PREPARATION

1. Discontinue ALL BLOOD THINNERS AS INDICATED IN THE TABLE BELOW:

Please let us know if you are on any blood thinners that are not listed below so that we may tell you when to stop prior to your procedure.

DISCONTINUE ONLY IF DIRECTED BY YOUR PHYSICIAN. IF THESE MEDICATIONS WERE NOT DISCUSSED, PLEASE CALL YOUR GASTROENTEROLOGIST, OR YOUR CARDIOLOGIST, OR YOUR PRIMARY CARE PHYSICIAN TO DISCUSS WHETHER TO STOP OR CONTINUE THE MEDICATION PRIOR TO THE PROCEDURE.

Coumadin® (Warfarin)	3 days prior to your Upper Endoscopy (EGD)
Plavix® (Clopidogrel Disulfate)	7 days prior to your Upper Endoscopy (EGD)
Lovenox® (Enoxaparin)	(Low molecular weight heparin) 12 hours prior to your Upper Endoscopy (EGD) if you take Lovenox twice a day. If you take it once a day, discontinue 24 hours prior to your Upper Endoscopy (EGD)
Arixtra® (Fondaparinux)	24 hours prior to your Upper Endoscopy (EGD)
Pradaxa®	2 days prior to your Upper Endoscopy (EGD)
Xarelto®	2 days prior to your Upper Endoscopy (EGD)
Aspirin	5 days prior to your Upper Endoscopy (EGD)

ON THE DAY OF YOUR PROCEDURE, continue taking all your medications WITH A SMALL SIP OF WATER, **EXCEPT: BLOOD THINNERS AND/OR ORAL ANTI-DIABETIC MEDICATIONS as instructed by your physician. If you are on**

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insulin. ONLY TAKE HALF YOUR NORMAL DOSE on the morning of your procedure. Please call your pharmacist or your primary care doctor if you have questions regarding your medications.

2. **DO NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO YOUR APPOINTMENT.** You may take any necessary medication except Blood thinners, Oral Diabetic medications or Insulin with a small sip of water only

3. **POST PROCEDURE:**

You MUST bring a driver. Due to limited seating in the surgery center, the only person that should be with you is your driver. All small children should be left at home for the comfort of the other patients.

You should **NOT** plan on working or driving the rest of the day due to sedation given at the time of the procedures.

Please leave all valuables at home. Any personal belongings/money you have with you the day of your appointment is your responsibility. Our office is NOT responsible for lost or missing items.

It is difficult for us to maintain a comfortable room temperature for everyone. If you are prone to being cold, please bring a small blanket or sheet or pair of warm socks with you.

REFERRALS, CO-PAYMENTS and CHARGES: If your insurance is through a HMO, it is your responsibility to obtain a referral if needed. The referral you brought for your Consultation appointment is not the referral for your procedure. If we do not have a referral at the time of your appointment (and one is needed), your procedure will have to be rescheduled regardless of the preparation. If you are given a follow-up appointment you will also need another referral for that visit. If you have questions concerning the referral please feel free to call our office. Patients with PPO insurance, Medicare, or non-HMO insurance can disregard the need to obtain a referral.

If you have a co-payment and/or deductible to be met, our office can usually verify this for you in advance. Once verified, payment must be made at the time of the visit and must be in cash, credit card, or money order. **Our office does not accept personal checks, or debit cards.** We do not bill for payments that are due at the time of visit. If you do not have your payment (in cash, credit card or money order) when you arrive for your appointment, you will need to be rescheduled regardless of your preparation. Your procedure will consist of two sets of charges from our billing service. One of which is the charge for the physician's service and the other for the facility (Ambulatory/Outpatient Surgery Center) where your procedure is being done. You are not being double billed.

BIOPSY: A small piece of tissue (biopsy) may be removed during your procedure. The analyzing of the biopsy is done in an outside facility. We provide the facility with your address and insurance information. If your biopsy must go to a certain laboratory, please let us know BEFORE your procedure. Should you have questions concerning any bills from the pathology facility, you will need to call their office directly. The staff at GI Excellence, Inc. will not be able to answer your questions concerning your pathology bills. The results of your pathology will be discussed with you at the time of your follow-up appointment. If the physician who performed your procedure does not schedule you for a follow-up appointment, we will call you within 7-10 working days with any abnormal results. If your physician does not schedule you for a follow-up appointment, expect a call from our office within 7-10 working days. Your primary care physician (if applicable) will receive an operative report from our office within 3 days and a copy of the pathology (if a biopsy was taken) within 7-10 days. Please call us if you have questions.

If you have a polyp or polyps removed, long distance travel should be avoided for one week following the procedure. If you experience vomiting which consists of blood, you should call us and your primary care physician right away. In addition, if you experience dizziness accompanied with vomiting which consists of blood, you should call 911 right away and inform us as soon as possible.

Although this procedure is extremely safe and effective, it is not 100% accurate. 2-4% of colon cancers can be missed. Please

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feel free to discuss with your physician the alternate options or see our webpage: www.gi-excellence.com.

Other than any applicable Co-payments, we ask that you leave all other valuables at home. Our office is not responsible for lost or missing items.

Should you have any further questions or concerns, please don't hesitate to give us a call. Please read everything in this literature thoroughly and call us should you have questions or see our webpage: www.gi-excellence.com. We can be reached at (951) 652-2252.

Cancellation Policy:

Should you find it necessary to cancel, we require a minimum of 4 WORKING DAYS NOTICE before 10:00 AM or there will be a minimum charge of \$200 as there is a wait list for procedures and your appointment could be given to someone else. (PLEASE GIVE CANCELLATION NOTICE AT LEAST 4 WORKING DAYS PRIOR TO PROCEDURE, Monday-Friday by 10:00 AM).

_____ Your initials confirm that you have been given these instructions.

To learn more of G.I. Excellence, Inc.'s procedures and patient care technology, visit our website www.gi-excellence.com.

FORM: UPPER ENDOSCOPY (EGD) and/or ENDOSCOPIC
ULTRASOUND (EUS) PREPARATION FORM 10/22/13