



GI Excellence, Inc.

Gastroenterology Associates

PH: (951) 652-2252 | Office Fax: (951) 658-6476  
Office Hours: 9 a.m. to 5 p.m., M-F

- Milan S. Chakrabarty, M.D.
- Indraneel Chakrabarty, M.D., M.A.

**Procedure to be at this location:**

Hemet Endoscopy Center  
Informed Consent for Gastroenterology Related Procedures  
1003 E. Florida Avenue, Suite 101, Hemet CA 92543  
(951) 652-2252

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

Patient Name: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

<p><b>In Advance, Before Procedure</b></p>	<p><b>3 Days Prior Date: _____</b></p>	<p><b>2 Days Prior Date: _____</b></p>	<p><b>1 Days Prior Date: _____</b></p>	<p><b>Procedure Day Date: _____</b></p>
<p>➤ <b>Arrange:</b> for a responsible adult to stay with you during the procedure and drive you home after the procedure.</p> <p>➤ <b>Stop taking these medications:</b> Plavix (Clopidogrel)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>➤ <b>Last Day to Cancel:</b> Call the office if you need to reschedule your appointment or if you have any questions: (951) 652-2252</p>	<p>➤ <b>Confirm:</b> confirm with an adult that you have arrangements to be driven home after procedure.</p> <p>➤ <b>Stop taking these medications:</b> Coumadin (Warfarin)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If you have Co-Pay, we will call you prior to your procedure to inform you. <b>Your Co-Payment is due at the time of service. CASH, CREDIT CARD, DEBIT or MONEY ORDER only.</b></p>	<p>➤ <b>Stop taking these medications:</b> Pradaxa (Dabigatran) Xarelto (Rivaroxaban) Eliquis (Apixaban).</p> <p><b>If we have not called you to tell you your Co-Pay, please call our office (951) 652-2252.</b></p>	<p>➤ <b>Midnight:</b> Do not have anything to eat or drink after midnight. You may take any necessary medication with a small sip of water only.</p> <p>➤ <b>Stop taking these medications:</b> Lovenox (Enoxaparin) Arixtra (Fondaparinux)</p>	<p>➤ <b>Do not have anything to eat or drink until after your procedure is completed.</b></p> <p>➤ <b>Bring:</b> Responsible driver, Insurance Card, Photo ID, and Co-Pay fees.</p> <p>➤ <b>Note:</b> The quality of your prep is the one thing you can control and will give the doctor the best view possible without having to repeat the procedure.</p>

You will receive a call from our office the evening prior to your appointment. Monday-Friday between 12:00 p.m. - 3:00 p.m. for your procedure check-in time.

Initials:  Your initials confirm that you have been given this information.



**PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS**

➤ Co-Payment or any money due prior to your procedure must be paid in cash, credit or money order.

➤ The entrance to the Hemet Endoscopy Center is around the back of the parking lot, Suite #104.

➤ **Discontinue all blood thinners below:**

Coumadin (Warfarin)	3 days prior to procedure
Plavix (Clopidogrel)	7 days prior to procedure
Lovenox (Enoxaparin)	24 hours prior to procedure
Arixtra (Fondaparinux)	24 hours prior to procedure
Pradaxa (Dabigatran)	2 days prior to procedure
Xarelto (Rivaroxaban)	2 days prior to procedure

➤ **If Diabetic please follow these guidelines:**

If taking Lantus or long acting Insulin, take only a 1/2 dose at midnight before your procedure, and

**bring Insulin with you the day of procedure.**

Glimepiride (Amaryl) hold day of procedure

Glucotrol (Glipizide) hold day of procedure

Actos (Pioglitazone)

Invokana (Canagliflozin)

Januvia (Sitagliptin)

➤ NOTHING TO EAT OR DRINK AFTER MIDNIGHT

➤ ABSOLUTELY NO EATING OR DRINKING THE DAY OF YOUR PROCEDURE

➤ YOU MAY TAKE ANY NECESSARY MEDICATION WITH A SMALL SIP OF WATER ONLY!

➤ **Cancellation Policy:** We require a minimum of 4 working days notice of cancellation or there will be a minimum charge of \$200.

➤ Do not plan on working or driving the rest of the day following your procedure due to sedation given during the procedure.

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