



# GI Excellence, Inc.

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Office Hours: 9 a.m. to 5 p.m., M-F

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Gastroenterología General

Indraneel Chakrabarty, Doctor  
Médico, M.A. Gastroenterología  
Avanzado e Intervencionista

### El procedimiento será en este lugar:

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

## INSTRUCCIONES DE ULTRASONIDO COLONOSCOPIO Y / O RECTAL PREPARACIÓN DE CITRATO DE MAGNESIO

Sus iniciales confirman que se le han dado estas instrucciones.

Nombre del paciente: \_\_\_\_\_ Iniciales \_\_\_\_\_

FECHA DE LA COLONOSCOPIA Y / O ULTRASONIDO RECTAL: \_\_\_\_\_

Hora: Recibirá una llamada de nuestra oficina la noche anterior de su cita, de lunes a viernes de 12:00 a.m. a 4:00 p.m. por su hora asignada para llegar al centro de cirugía para su procedimiento.

NO llegue antes de la hora indicada. Queremos dar a todos nuestros pacientes el mismo tiempo y atención. No podemos correr a través de un procedimiento y posiblemente pasar por alto un área que puede convertirse en una condición grave en el futuro. Si pasamos a correr atrasado por favor sea paciente y acepte nuestras sinceras disculpas.

Copago o dinero adeudado ANTES de su procedimiento: \$ \_\_\_\_\_

Esto se debe pagar en efectivo, tarjeta de crédito u orden de dinero.

NO SE ACEPTARÁN CHEQUES PERSONALES - ¡Sin excepciones!

Si no viene preparado con dinero en efectivo, giro postal o tarjeta de crédito según lo solicitado, se le pedirá que vaya y obtenga efectivo o su cita será reprogramada.

La entrada al centro de cirugía está alrededor de la parte posterior del edificio. Suite # 104.

Es muy importante leer todo en este formulario. Por favor, llámenos si tiene alguna duda o pregunta.

## PREPARACIÓN CON ULTRASONIDO RECTAL CON CITRATO DE MAGNESIO Y / O RECTAL

POR FAVOR, OBSERVE LAS SIGUIENTES INSTRUCCIONES

Si se requieren antibióticos prequirúrgicos, notifique a nuestra oficina con varios días de anticipación.

### 1. Descontinúe TODOS LOS PENSAMIENTOS DE SANGRE INDICADOS EN LA TABLA A CONTINUACIÓN:

Háganos saber si está tomando algún anticoagulante que no se encuentre en la lista a continuación para que podamos indicarle cuándo debe dejar de tomarlo antes de su procedimiento.

DISCONTINUAR SI ES DIRIGIDO POR Su médico SI ESTOS MEDICAMENTOS No fueron discutidos, por favor llame SU GASTROENTERÓLOGO O SU CARDIÓLOGO, O SU ATENCIÓN PRIMARIA MÉDICO A DISCUTIR SI SE DETIENE O CONTINUAR EL MEDICAMENTO ANTES DE EL PROCEDIMIENTO.

<b>Coumadin® (Warfarin)</b>	7 días antes de su procedimiento
<b>Plavix® (Clopidogrel Disulfate)</b>	7 días antes de su procedimiento
<b>Lovenox® (Enoxaparin)</b>	(Low molecular weight heparin) 12 hours prior to your colonoscopy if you take Lovenox twice a day. If you take it once a day, discontinue 24 hours prior to your colonoscopy
<b>Arixtra® (Fondaparinux)</b>	24 hours prior to your colonoscopy
<b>Pradaxa®</b>	2 days prior to your colonoscopy
<b>Xarelto®</b>	2 days prior to your colonoscopy
<b>Aspirin</b>	5 days prior to your colonoscopy

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## 5. POST PROCEDURE:

You **MUST** bring a driver. You will not be allowed to drive due to sedation being used, you must have a responsible adult drive you to your procedure appointment and home, a taxi is fine. 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.** We do not bill for payments that are due at the time of visit. If you do not have your payment (in cash 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 1 week following the procedure. Be aware, there is also risk of rectal bleeding up to two weeks after your colonoscopy procedure if your polyp was removed with electrocautery. If you do experience rectal bleeding, you should call us and your primary care physician right away. If you feel light headed or dizzy with rectal bleeding, 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 feel free to discuss with your physician the alternate options or see our webpage: [www.gi-excellence.com](http://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](http://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](http://www.gi-excellence.com).

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