



GI Excellence, Inc.

Asociados en Gastroenterología

Teléfono: (951) 652-2252 | Fax de la Oficina: (951) 658-6476  
Horas de Oficina: 9 a.m. to 5 p.m., M-F

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

**Procedimiento se realizara en esta ubicación:**

Centro de Endoscopia Hemet  
Consentimiento informado para procedimientos relacionados  
con gastroenterología  
1003 E. Florida Avenue, Suite 101, Hemet CA 92543 (951)  
652-2252

**Endoscopia Superior - Ecografía Endoscópica – Preparación**

Nombre del Paciente: \_\_\_\_\_ Fecha del Procedimiento: \_\_\_\_\_

| Bien adelantado del Procedimiento   | 3 Dias antes<br>Fecha: _____   | 2 Dias antes<br>Fecha: _____  | 1 Dias antes<br>Fecha: _____  | Dia del Procedimiento<br>Fecha: _____   |
|---|--|---|---|---|
| <p>➤ <b>5a` eYgW</b> In adulto responsable para quedar con usted durante el procedimiento y luego llevarse a tu casa después del procedimiento.</p> <p>➤ <b>Parar de tomar estos medicamentos:</b><br/>Plavix (Clopidogrel)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>➤ <b>G`f_ a VsbScS egbWWW</b><br/>Llama a la oficina si usted desea cambiar la fecha de su cita o si tienes otras dudas o preguntas<br/>951-652-2252</p> | <p>➤ <b>ROGNBSDPQFM</b><br/><b>BEVMUPRVFOIB</b><br/><b>DPOUSBUBEPRVFBQFTU</b><br/><b>ENROKMFBSBMMFWBSUFB</b><br/><b>DBTFEFTVVEFM</b><br/><b>SPDFENROUP</b></p> <p>➤ <b>Parar de tomar estos medicamentos:</b><br/>o madin ar arin</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>1 <del>EFNFT</del><br/>NFEFO<br/><del>8G</del><br/>4 <del>FOFDP</del><br/>MMFNPTTEF<br/><del>PDFEFGPSN</del><br/>4 <del>PTFOFRFO</del><br/>FMNPNFOEFMTFSW<br/>4 <del>PMFOFTFPPTFO</del><br/>FGFDMPFDS<br/><del>FEKPHPT</del></p> | <p>➤ <b>Stop taking these medications:</b><br/>Pradaxa (Dabigatran)<br/>Xarelto (Rivaroxaban)<br/>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><br/>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><br/>Lovenox (Enoxaparin)<br/>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><br/>Responsible driver,<br/>Insurance Card, Photo ID, and Co-Pay fees.</p> <p>➤ <b>Note:</b><br/>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.

Iniciales :  Sus iniciales confirman que se le han dado estas instrucciones.



**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.

Iniciales :

Sus iniciales confirman que se le han dado estas instrucciones.