

Upper Endoscopy - Directions

Do not drink anything after 11pm the night before.
If you take Coumadin, Aspirin, or Anti-Inflammatory drugs please let us know.
Take all of your Heart and Blood Pressure Meds.
No alcohol 24 hours prior to test.
You may use your inhalers and eye drops.
Do not take any insulin on day of the test.
No denture adhesive.
Leave all jewelry at home.
Arrange for a driver to take you home.
Please wear a warm pair of socks.
Please bring either a credit card or check to pay your co-pay of 20%.

A nurse will call you the day before your test to confirm the time and preparation. Bring a **WRITTEN** list of medicines you are taking and make arrangements for your co-pay or deductible (either by check or credit card).

Please fill out and bring on the day of your test

Name _____ Height _____ Weight _____

Write All Of Your Medications, Including Over The Counter Medications (or Bring a List)

Asprin / Motrin / Advil _____

Coumadin - Yes or No _____

Please circle Yes or No to each of the following Major Illness/Surgery

Rheumatic Fever	Yes	No	Heart Bypass	Yes	No
Heart Attack	Yes	No	Gallbladder Removed	Yes	No
Asthma/COPD	Yes	No	Hysterectomy	Yes	No
Diabetes	Yes	No	Prostate Problem	Yes	No
Stroke in the Past	Yes	No	History of Colon Cancer	Yes	No
Anesthesia Problems	Yes	No	Other Important History	Yes	No

Insurance Information

The **Gastroenterologist** fee (includes the procedure), the **Anesthetist** fee for sedation (billed directly to insurance company), and the **Endoscopy Center** fee includes the use of surgical supplies (in lieu of the Hospital Bill). If you have Commercial/Medicaid insurance a specialist will contact your company to verify benefits/coverage. We do request that you be prepared to pay your co-pay or your deductible prior to or on the day of your test that is scheduled for you. Our insurance specialist scheduled procedure.

If a biopsy is done or a polyp is removed at the time of your Endoscopy it will be billed directly to your insurance company.

We request that you meet your co-pay/deductible prior to or on the day of your test. We accept personal check, VISA or MasterCard only.

If for any reason you will not be able to keep your appointment, please call 563-2450 as soon as possible, so we can accommodate other patients who are waiting to have their procedure. We thank you in advance for your understanding and cooperation.