



INSTRUCTIONS FOR YOUR PROCEDURE

What:	EGD	ERCP	PEG Placement	PEG Replacement	Upper EUS
--------------	-----	------	---------------	-----------------	-----------

Where:	FRONT RANGE ENDOSCOPY CENTER 719 N CASCADE AVE 719 – 433 – 7224	SCOPE 2920 N CASCADE AVE 719 – 362 - 2300 1ST FLOOR	MEMORIAL HOSPITAL CENTRAL 1400 E BOULDER ST 719 – 365 – 5543 CHECK IN AT THE NORTH ENTRANCE	PENROSE HOSPITAL 2222 N NEVADA 719 – 776 – 8010 PRE-REGISTRATION AND SCHEDULE A PRE-OP	ST. FRANCIS HOSPITAL 6001 E WOODMEN RD 719 – 776 – 8010 PRE-REGISTRATION
---------------	--	--	---	--	--

When: Date: _____ **Check-In Time:** _____ **Procedure Time:** _____

Failure to adhere to the following instructions may result in cancellation of your procedure.

IMPORTANT INSTRUCTIONS
1. Please wear loose, comfortable clothing. Bring your insurance cards, a photo ID, and a co-pay if needed.
2. If on anticoagulants, follow the protocol prior to your procedure. Please check with your prescribing physician.
3. Diabetics: The day of your procedure, please hold oral diabetic medications and short acting insulin until after the procedure. Please check with your prescribing physician.
4. Continue to take your pain, psychological, blood pressure, and seizure medications as normal, but NOT WITHIN 4 HOURS OF THE PROCEDURE. (Hold Lisinopril day of Procedure)
5. You MUST be accompanied by a responsible adult to drive you home. Buses and taxi services are not permitted unless you are accompanied by an adult.
6. If you cannot keep this appointment for any reason you must call the office at 719 – 636 – 1201. 48 hours' notice is required, or you will be subject to a \$250 fee.
7. Do not eat anything after midnight the day of your procedure
8. If your procedure is scheduled after 12:00 noon, you may have CLEAR LIQUIDS until 4 hours prior to your CHECK IN time.
9. Please be advised that your procedure will likely be cancelled if you are found to have used illicit drugs within 14 days of your procedure or marijuana the day of your procedure.

Please be advised

Every procedure will incur three of four separate fees that you will receive a bill for:

1. Facility fee – Facility where the procedure is performed.
2. Physician's fee – Peak Gastroenterology Associates, P.C.
3. Anesthetist's Fee
4. Pathology Fee – From the outside laboratory that performs tests on any biopsies taken during your procedure.