



INSTRUCTIONS FOR YOUR PROCEDURE

WHAT:

EGD	ERCP	PEG Placement	PEG Replacement	Upper EUS
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WHERE:

FRONT RANGE ENDOSCOPY CENTER 719 N CASCADE AVE 719 – 433 – 7224	MEMORIAL HOSPITAL CENTRAL 1400 E BOULDER ST 719 – 365 – 5543 CHECK IN AT THE NORTH ENTRANCE	MEMORIAL HOSPITAL NORTH 4050 N BRIARGATE PKWY 719 – 364 – 1773	PENROSE HOSPITAL 2222 N NEVADA 719 – 776 – 8010 PRE-REGISTRATION AND SCHEDULE A PRE-OP
ST. FRANCIS HOSPITAL 6001 E WOODMAN RN 719 – 776 – 8010 PRE-REGISTRATION	CASTLE ROCK ADVENTIST HEALTH CAMPUS 2350 MEADOWS BLVD CASTLE ROCK, CO 720 – 455 – 0150	GRANDVIEW HOSPITAL 5623 PULPIT PEAK VIEW 719 – 272 - 3600	SCOPE 2920 N CASCADE AVE 719 – 362 - 2300 1 ST FLOOR

WHEN: DATE: _____ **CHECK IN TIME:** _____ **PROCEDURE TIME:** _____

WITH:

DR. PATEL	DR. KRISHNAN	DR. LEE	DR. ROSE
DR. KOWALCZYK	DR. SIDHU	DR. MOORE	DR. HARMON



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

IMPORTANT INSTRUCTIONS	Initials
1. Please wear loose, comfortable clothing. Bring your insurance cards, a photo ID, and a co-pay if needed.	
2. STOP all blood thinners 5 days 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, cardiac, blood pressure and seizure medications as normal, but NOT WITHIN 4 HOURS OF THE 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. Absolutely nothing to drink 4 hours prior to 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. You may have the following liquids if they are not red or purple : coffee/tea (no creamers or milk), Gatorade, clear sodas, and kool-aid. No Coke, Pepsi, or colored sodas.	

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.

Unless you are self-pay, insurance should cover most of these expenses.

