



PROCEDURE INFORMATION SHEET

Patient name: _____ Date: _____

Procedure: Colonoscopy _____
 EGD _____
 Liver Biopsy _____
 ECRP _____
 SM Bowel Enteroscopy _____
 Other _____

The endoscopy departments from the scheduled location will call you the afternoon prior to your exam and verify your arrival time.

Scheduled At: Botsford General Hospital _____
 Garden City Hospital _____
 Huron Valley Hospital _____
 Lakes Surgery Center _____

READ CAREFULLY

- Nothing to eat or drink after midnight, the evening prior to procedure.
- No aspirin or ibuprofen seven days prior- Tylenol is ok.
- No blood thinners five days prior to exam.
- No iron supplement or multi vitamin containing iron three days prior to exam.
- St John's Wort should be discontinued 2 weeks prior to exam.

DAY OF EXAM:

- Nothing to eat or drink the morning of the procedure.
- No gum or candy allowed the morning of the procedure.
- **Heart, blood pressure, stomach, thyroid & breathing medications should be taken in the morning of your exam, but with only a small sip of water. All other medications are to be held and taken later that day after your exam.**
- **You must bring a driver and the driver must stay with you during your procedure! Transportation cannot include a cab or bus/shuttle service! Your procedure will be cancelled if you have no driver!**
- **All jewellery, cash, credit cards and cell phones must be left at home**
- **Do not wear your contact lenses on this day!**
- **Bring your id and insurance cards.**

Cancellations: Mandatory 72-hour notice is required, so that we can schedule another patient.

Insurance Coverage: Screening procedures become medical once a condition is found, and this may change your insurance benefit! It is your responsibility to verify your benefits. If your procedure is not covered, you will be responsible for the charges!!

If you have any questions regarding this prep, please call 248-471-8982