
Instructions for an Esophagogastroduodenoscopy (EGD) at Michigan Endoscopy Center with our doctors.

Dear patient,

Thank you for scheduling your procedure with our office. Please make sure to read through the instruction packet thoroughly. Once you have done that, if you still have questions, please contact the office. For after hour emergencies you can also call our answer service Perfect Serve at 866-830-7280.

IMPORTANT THINGS TO REMEMBER

- Please make sure to **follow the instructions** for your prep thoroughly. Please pay special attention to all dietary and medication restrictions. Review everything on **page 2** of these date sensitive instructions.
- If you are taking any **blood thinners**, a fax will be sent to your prescribing doctor for **clearance to stop** the medication.
- If you are having a procedure, it is the patient's responsibility to **contact their insurance** company to make sure that this is a covered procedure. Please **check with your insurance** to understand your benefits prior to having a medical procedure. Please review, **sign and send back page 5 for medicare & 6 for all other insurances**. Medicare, part B, does not require a referral. If your commercial insurance company requires a referral, it is the patient's responsibility to obtain this from their primary care physician. If the commercial insurance plan requires a prior authorization please let us know and we can call.
- You **MUST have a driver**. They have to remain at the facility and drive you home after your procedure.
- You are going to **the outpatient surgery center, not the office**; see **maps** on **page 6**.
- **Fill out pages 9 & 10** for the outpatient surgery center, please **take with you**.
- If you need to cancel your procedure, please contact the office as soon as possible. If the office is closed, you will be directed to the answering service. Office **hours are 8:00 a.m. to 4:00 p.m.** To reschedule procedures talk to the front desk receptionist, please do not leave a message on any machine, this will delay the process.
- If you require any special services during your procedure please inform office.

Again, *thank you* for choosing our office to have your procedure!

Providence Gastro Staff and doctors

PROVIDENCE

GASTROENTEROLOGY

Designated Patient-Centered Specialty Practice

26850 Providence Parkway, Suite 350, Novi, MI 48374
22250 Providence Drive, Suite 703, Southfield, MI 48075

LAURENCE E. STAWICK, M.D., A.G.A.F.
MARK S. DeVORE, M.D., F.A.C.P.
JULIA S. GREER, M.D.
KHA H. NGO, D.O.
SERGE A. SORSER, M.D.
Phone (248) 662-4110 Fax (248) 662-4120
Phone (248) 569-1770 Fax (248) 443-2439

Use surgery **date and time given by staff member** **Please arrive 1 hour earlier** from your scheduled time for registration, nurse and pre anesthesia interview.

@Location: See Maps on Page 6

Michigan Endoscopy Center - Farmington Hills

30055 Northwestern Hwy. @ Inkster Rd.

Located in the Providence Building, Suite #L60

Providence Medical Building is located on Inkster Rd at 12 ½ mile area- on the South side of Northwestern Hwy
Enter at the West entrance, straight to elevator

Michigan Endo Center Providence Park - Novi

47601 Grand River Ave. @ Beck Rd.

Outpatient Building, 1st floor-suite #D110

Providence Novi Outpatient Building door has a pyramid canopy with a statue of two nuns in front and is the building facing Grand River Ave.

If you are **unable to keep your appointment, call the office 48 hours in advance** to cancel the procedure.

Note: Any less time to cancel or reschedule may result in a charge for set up, boarding and rescheduling.

2 wk Prior	1. If you take Diet pills not limited to but including, Phenteramine (Phen-Phen Diet Pills), stop this and any type of diet medication 2 weeks prior to procedure.
1 Wk. Prior	1. Stop Iron , 1 week before your procedure.
7-5-2 days prior	2. If you take the following medications, stop according to medical guidelines. If you are a heart patient and taking these medications, consult your cardiologist prior to stopping. <ul style="list-style-type: none"> • Stop Effient (prasugrel) 7 days prior. • Stop Coumadin (warfarin), Plavix (clopidogrel) & Brilinta (ticagrelor) 5 days prior. • Stop Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) & Savaysa (edoxaban) 2 days prior.
Day Before	1. Take nothing by mouth after midnight for morning procedures. 2. To measure oxygen during your procedure, please remove any dark finger nail polish. 3. If you are diabetic , Please hold your diabetic medication the night before your procedure and the morning of. If you need help with medication dosage, please ask your primary doctor
Day Of Procedure	1. On the morning of your examination, take your heart and/or blood pressure medication between 5 & 6 a.m. with a small sip of water Please brush your teeth, do not swallow toothpaste. After your shower, do not use body lotion. NO gum or hard candy. No diabetic medicine. 2. Do not eat until after your procedure. 3. If your procedure begins after 11 a.m., you may have a clear liquids; this must be done 3 hours prior. Nothing by mouth 3 hours prior to the procedure. 4. Bring someone with you to stay during your procedure and take you home. If you arrive alone, your examination will be cancelled. 5. Please be on time. If you are late, you will be the cause of major delays for all other patients' undergoing similar examinations. Furthermore, if you are late, your examination may be cancelled so that the schedule for other patients can be maintained.
After Procedure	1. After you are discharged , return home. Do not drive , operate machinery, or drink alcoholic beverages for 18-24 hours. 2. If you have any complications (vomiting, abdominal pain, tenderness, fever or bleeding) after returning home, call the office 8 a.m. until 4 p.m., after 4 p.m. call the answering service at 866-830-7280.

Understanding Upper Endoscopy

What is upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your doctor has recommended upper endoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, bacterium that causes ulcers. Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis. Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Our doctors would like you to start fasting after midnight the night before. Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease. Also, alert your doctor if you require antibiotics prior to undergoing dental procedures, because you might need antibiotics prior to upper endoscopy as well.

What can I expect during upper endoscopy?

After being wheeled to a procedure room and placed on a monitor, you will receive sedation, at intervals, to relax you and help to keep you comfortable through the procedure. Your doctor may also spray your throat with a local anesthetic, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. Staff members will closely watch your condition, including heart rate, blood pressure and oxygen levels, during and after the test. The endoscope doesn't interfere with your breathing, most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

What happens after upper endoscopy?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise. Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days. If you received sedatives, you won't be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.

A. Modifier: **(Get your scheduled codes from secretary at the office when you make the appointment)**

B. Patient Name: _____ **dob** _____ C. Medicare ID#: _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Esophagogastroduodenoscopy (EGD)** below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. Esophagogastroduodenoscopy (EGD)** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<u>Esophagogastroduodenoscopy (EGD)</u> <input type="checkbox"/> with biopsy 43239 <input type="checkbox"/> with dilation 43248 <input type="checkbox"/> with botox 43236	Frequency- (Medicare limit) YOUR REASON FOR APPT: <input type="checkbox"/> GERD K21.9 <input type="checkbox"/> Dysphagia R13.10 <input type="checkbox"/> Epigastric Pain R10.13 <input type="checkbox"/> Nausea R11.0 <input type="checkbox"/> Gastritis K29.70	Physician Charges 475.00 <u>Other charges call Facility</u> Michigan Endo Centers Novi 248-465-9220 Farmington Hills 248-865-6554

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.

Choose an option below about whether to receive the **D. Esophagogastroduodenoscopy (EGD)** listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **D. Esophagogastroduodenoscopy (EGD)** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **D. Esophagogastroduodenoscopy (EGD)** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the **D. Esophagogastroduodenoscopy (EGD)** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
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CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Advance Benefit Notice: Commercial Insurance Coverage for EGD

Important – Please Read

After having your endoscopy exam, your insurance policy is billed. Usually there are 3-5 claims submitted to your insurance: a doctor's fee, a facility fee, an anesthesia fee, a CRNA nurse fee and possibly a lab fee (if polyps or biopsies were taken).

Our office is only responsible for the "doctors billing" portion of your procedure. **Physician Charge- EGD with biopsy approx. \$ 475.00 (NOTE: Insurance companies have a contracted discounted price).**

Billers for Stawick, Greer, Ngo and Sorser number is 248-662-4116. Biller for Dr. DeVore number is 586-751-6034.

If you have questions in regards to facility bills, anesthesia bills, or lab bills, you must contact those billing departments' separately. **Facilities has their own fees, the following locations may be able to help you.**

Michigan Endoscopy Novi, 248-465-9220	Michigan Endoscopy Farmington Hills, 248-865-6554
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Because of the extremely large volume of patients we see, it is impossible for our office to check your policy. We ask that you take on the responsibility of checking your own health insurance contract. **It is important to know that YOU are responsible to understand the terms of your own policy, not the doctor.** It is always wise to check your insurance benefits, co pays, & deductibles prior to your endoscopy exam.

To ask questions regarding your insurance policy there's usually customer service phone numbers on your card for you to contact a representative.

We would like you to know that our #1 priority is to save lives & to help prevent and treat digestive diseases. Please understand that we do not write your insurance policy, nor do we have control over what your insurance pays for or doesn't pay for. We merely perform the exam and bill your insurance policy; THAT IS IT! We are here to help you if you do have insurance issues, but again if you have questions or problems talk to an insurance representative first.

Here are some helpful questions to ask your insurance representative prior to your exam.

1. Do I have to go to a certain location or see a "network doctor"?
 - a. If so, ask if the surgery center and doctor are still in network.
2. What are the maximum payments my policy will allow for this exam?
3. What are my annual co pays and or deductibles? Have they been met? Is the doctor I'm scheduled with in my network?
4. Does this insurance require a prior authorization?

You are scheduled for an **Esophagogastroduodenoscopy (EGD) Procedure Code:**

(Get your scheduled code from secretary at the office when you make the appointment)

with biopsy **43239** with dilation **43248** with Botox **43236**

Diagnosis Code(s) for the appointment: GERD **K21.9** Dysphagia **R13.10** Epigastric Pain **R10.13**

Nausea **R11.0** Gastritis **K29.70** (Use the diagnosis and code given to you by the office)

I acknowledge that I have read the above statement and will be responsible for my deductible, co-pay, and out-of pocket expenses in the event that my insurance company does not cover my scheduled colonoscopy.

Please sign, date and return to our office by mail or fax, form must be in file prior to procedure.

26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120

Name:

Date of birth:

Patient's Signature:

Date

For Michigan Endoscopy Center Patients

[30055 Northwestern Highway, Suite L-60](#)

Farmington Hills, MI 48334

Phone: 248-865-6555

Fax: 248-865-6554

[47601 Grand River Ave, Suite D110](#)

Novi, MI 48374

Phone: 248-465-9220

Fax: 248-347-1915

Extra Patient INFORMATION

Farmington Hills Medical Center


[Michigan Endoscopy Center](#)

lower level Suite L60

Michigan Endoscopy Center is located in the Providence Medical Center at the Southwest corner of Northwestern Hwy and Inkster Roads between 12 and 13 Mile Roads.

Novi Campus Map

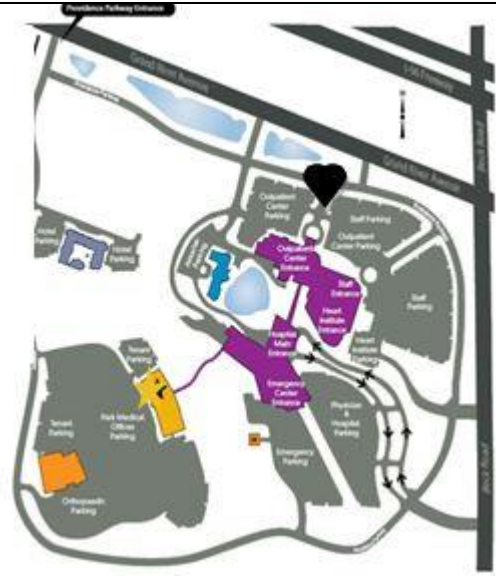
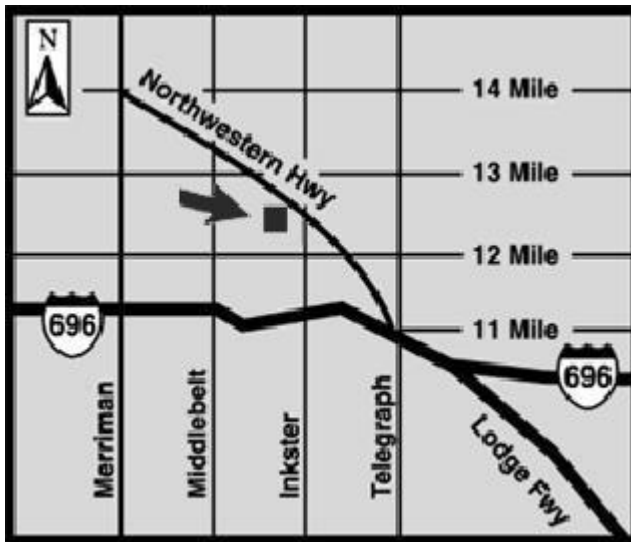
Endoscopy (Colon/EGD), use Outpatient Center Entrance

See heart 

[Michigan Endoscopy Center](#)

1st floor, suite D110

Main **Outpatient Building** door has a **pyramid canopy** with a **statue of two nuns** in front and is the building facing Grand River Ave.



How to find MEC in Farmington

Michigan Endoscopy Center is located in the Providence Medical Center at the Southwest corner of Northwestern Hwy and Inkster Roads between 12 and 13 Mile Roads.

From the North - Telegraph Road south to 13 Mile Road. Turn west on 13 Mile to Inkster Road. Turn south onto Inkster Road and travel past Northwestern Highway and turn west (right) into the first driveway south of Northwestern Highway.

From the South - Telegraph Road north to 12 Mile Road. Turn west onto 12 Mile Road to Inkster Road. Turn north onto Inkster Road and travel approximately 1/2 mile and turn west (left) into the parking lot entrance located on Inkster Road just south of Northwestern Highway.

From the East - Take I-696 to Telegraph Road north to 12 Mile Road. Turn west onto 12 Mile Road to Inkster Road. Turn north onto Inkster Road and travel approximately 1/2 mile and turn west (left) into the parking lot just south of Northwestern Highway.

From the West - Take I-696 to Orchard Lake Road. Turn north onto Orchard Lake Road to 12 Mile Road. Turn east onto 12 Mile Road and take that to Inkster Road. Turn north onto Inkster Road and travel approximately 1/2 mile and turn west (left) into the parking lot entrance located on Inkster Road just south of Northwestern Highway.

Once parked, go to the West Entrance. Go through the double glass doors to the West Elevator. Take the elevator to the "LL" level. As you exit the elevator, go to the right. Follow the signs to L-60. Make a right at the first corridor. The Center is located on the right side.

How to find MEC in Novi

From the North- take Beck Road south to Grand River. Take a right on Grand River to the first light. Turn left into Providence Complex. Turn left at Stop sign. Go to main entrance of Outpatient Building.

From the I-96- take exit 160, go south on Beck Rd to Grand River, west on Grand River to main light, south at light. Turn left at Stop sign. Go to main entrance of Outpatient Building.

From the East and West- take Grand River Ave. towards Novi. The hospital complex is at the corner of Grand River and Beck. Turn into Providence Complex from the main light, across from Home Depot/Kroger. Turn left at Stop sign. Go to main entrance of Outpatient Building. **Outpatient Building** door has a **pyramid canopy** with a **statue of two nuns** in front and is the building facing Grand River Ave.

For maps and directions go to Michigan Endoscopy Center Website or type address into Google Maps.

<http://www.endoctr.com/map-and-directions.html>

Welcome

Michigan Endoscopy Center is pleased to welcome you as a patient at our facility. We are a non-hospital based outpatient center dedicated to providing the highest quality endoscopic services in a comfortable atmosphere.

Our staff wants to make your visit as pleasant as possible. The center is a place where patients receive quality care and then return to the comfort of their homes the very same day. Respect for your individual needs is a concern of ours and by completing the questionnaire given to you at the end of your stay, you will give us valuable feedback regarding your experience.

You will find the atmosphere at Michigan Endoscopy Center more personalized than a traditional hospital environment. In this reassuring setting, you will receive individual attention from a caring and highly skilled staff of doctors and nurses.

The following physicians own and/or practice at Michigan Endoscopy Center:

Sami Akkary, MD	Phillip Goldmeier, MD	Luis Maas, MD	Serge Sorser, MD
David Benkoff, MD	Julia Greer, MD	Kha Ngo, DO	Laurence Stawick, MD
Alan Cutler, MD	Randall Jacobs, MD	Ralph Pearlman, MD	Bradley Warren, DO
Mark DeVore, MD	Jean Jaffke, MD	Michael Piper, MD	Edward Yousif, MD
Janice Fields, MD	Jay Levinson, MD		

Patient Rights Notification

Each patient at the Center will be notified of his/her patient rights verbally and in writing in advance of their surgery. A posted notice will also be made available in the waiting room. Patient rights include, but are not limited to:

Treated with respect, consideration and dignity.

Exercise these rights without regard to gender, race, and cultural, economic, educational or religious background and without fear of discrimination or reprisal.

To receive care in a safe setting that is free of physical or psychological threats.

Access communication aids. (Interpreters, etc.)

Expect that any architectural barriers identified will be addressed when feasible.

Be free of restraint except when indicated to protect the patient or others from injury.

Have his/her questions, concerns or complaints addressed in good faith.

Expect continuity of care. The patient will not be discharged or transferred without prior notice, except in the case of a medical emergency.

Provisions for after-hour and emergency care.

Access necessary surgical and/or procedural interventions that are medically indicated.

Obtain any information patient needs to give.

Give informed consent before any treatment or procedure.

Be provided, to the degree known, complete & timely information concerning their diagnosis, evaluation, treatment & prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or legally authorized person.

Make choices and decisions regarding his/her medical care to the extent permitted by law-this includes the right to refuse treatment.

Have his/her disclosures and records treated confidentially, and given the opportunity to approve or refuse its release, except when release is required by law.

Receive, on request, a copy of his/her medical record.

Know the services available at the Center.

Know the facility fees for services.

Request an itemized statement of all services provided to them through the facility, along with the right to be informed of the payment methodology utilized. At his/her own expense, to consult with another physician or specialist if other qualified physicians are requested and available.

Be informed of patient conduct & responsibilities rules.

Refuse to participate in experimental research.

Know the identity, professional status, institutional affiliation and credentials of health care professionals' providing their care, and be assured that these individuals have been appropriately credentialed.
Be informed of their right to change their provider if other qualified providers are available.
Be provided with appropriate information regarding absence of malpractice insurance coverage.
Be provided appropriate privacy and confidentiality concerning their medical care.

Patient Responsibilities

The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities that are presented to the patient in the spirit of mutual trust and respect. Patient responsibilities include:

Provide complete and accurate information to the best of his/her ability about his/her health, medications, including dietary supplements and any allergies or sensitivities.

Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

Follow the treatment plan prescribed by his/her physician.

Keep appointments and notify Center or physician when unable to do so.

Provide a responsible adult to transport him/her home from the facility.

To be respectful of all the health care providers and staff, as well as other patients and escort(s).

Adhering to Center rules for his/her protection and the protection of others.

Financial obligation for payment of services.

Inform the Center about any living will, medical power of attorney, or other directive.

Advance Directive

In accordance with Michigan law, this Center must inform you that we are not required to honor and do not honor DNR directives. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served at this facility, information concerning advanced directive is available at the Center. If you do not agree with the Center's policy, and upon your request, we will assist you in rescheduling your procedure.

Patient Grievances

The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs and expectations.

A complaint or grievance should be registered by contacting the Center and/or a patient advocate at the Michigan Department of Health and/or Medicare. The Center will respond in writing with notice of how the grievance/complaint has been addressed:

The Michigan Endoscopy Center
30055 Northwestern Highway,
Suite L60
Farmington Hills, MI 48334
Attention: Brien Fausone,
Administrator
(248) 865-6555
bfausone@endoctr.com

Michigan Department of Health
Bureau of Health Profession
Health Regulatory Division
P.O. Box 30670
Lansing, MI 30670
(517) 373-9196
www.michigan.gov/healthlicense

Medicare Beneficiary Ombudsman
1-800-MEDICARE (1-800-633-4227)
www.medicare.gov/ombudsman.asp

*The following 2 pages are pre-registration for the surgery center –
Please fill out and take with you*



Michigan Endoscopy Center **PATIENT QUESTIONNAIRE**

FOR OFFICE USE ONLY

30055 Northwestern Hwy. • Suite L-60 • Farmington Hills, MI 48334 • Tel. 248-865-6555 • Fax 248-865-6554
47601 Grand River Ave. • Suite D-110 • Novi, MI 48374 • Tel. 248-465-9220 • Fax 248-347-1915

Scheduled Exam? EGD EGD/Dilation Small Bowel Enteroscopy Colonoscopy Other _____

REASON FOR EXAM: _____

Have you ever had an Endoscopy? Yes If yes, When: _____ Where: _____ Physician Performed: _____
 No

Escort Name: _____ Escort Phone Number: _____
May your escort(s) be at your bedside when the physician speaks with you post-op? Yes No

May we call you after the procedure for follow-up? Yes Phone Number: _____ May we leave a message? Yes
 No No

Have you had anything to eat or drink since midnight last night? Yes If yes, what time? _____
 No

Do you have any of the following items with you? If yes, check all that apply:

- Dentures
- Partial
- Upper
- Lower
- Glasses
- Contact Lenses
- Hearing Aid (R)
- Hearing Aid (L)
- Cane
- Walker
- Wheelchair
- Oxygen
- CPAP
- Other _____

Height: _____ Weight: _____

ALLERGIES: No Known Allergies

Substance	Reaction

Do you have an allergy to:

Latex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Soy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

MEDICATIONS No Medications
(Include prescriptions over-the-counter, vitamins, & herbal medications)

Medication	Dosage	Last Date Taken

Do you take any:

Aspirin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Anti-Inflammatory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Blood Thinners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Herbal Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Have you had or do you still have Heart/Vascular problems? Yes No

- High blood pressure
- Heart Attack less than 3 months ago
- Valve Disease
- Congestive Heart Failure
- Chest Pain
- Pacemaker
- Defibrillator
- Abnormal Rhythm
- Heart Murmur
- High cholesterol
- Stress Test in past 5 years
- Peripheral vascular/coronary disease
- Non-cardiac chest pain
- Mitral Valve Prolapse
- Other _____

Do you have difficulty breathing or lung problems? Yes No

- Asthma
- Emphysema
- Chronic Obstructive Pulmonary Disease
- Sleep Apnea
- Dyspnea
- Other _____

Do you have Digestive or Intestinal problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Gastric Reflux <input type="checkbox"/> Diverticular Disease <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Personal History Colon Cancer <input type="checkbox"/> Blood in stool/Black tarry stools <input type="checkbox"/> Rectal bleeding	<input type="checkbox"/> Hiatal Hernia <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Colon Polyps <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Change in Bowel Habits	<input type="checkbox"/> Ulcers <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Constipation <input type="checkbox"/> Other _____
Is there family history of colon cancer? Who (relationship) _____ Age _____		
Do you have Liver or Biliary Problem/History? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cirrhosis <input type="checkbox"/> Gallbladder <input type="checkbox"/> Pancreatitis	<input type="checkbox"/> Jaundice <input type="checkbox"/> Cholecystitis <input type="checkbox"/> Other _____	<input type="checkbox"/> Hepatitis <input type="checkbox"/> Cholelithiasis
Do you have any Brain or Neurological Problem or History? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Stroke/Cerebral Vascular Accident/TIA <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Seizer Disorder <input type="checkbox"/> Other _____	
Do you have an Infectious or Contagious Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____		
Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Non-insulin		
Have you ever had Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No Location of Cancer: _____ When: _____		
Do you have other health conditions?		
<input type="checkbox"/> Glaucoma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Obesity	<input type="checkbox"/> Thyroid Problem <input type="checkbox"/> Arthritis <input type="checkbox"/> None	<input type="checkbox"/> Renal <input type="checkbox"/> Artificial Joints <input type="checkbox"/> Other _____
Could you be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, last menstrual period: _____		
Have you had previous surgeries?		
<input type="checkbox"/> None <input type="checkbox"/> Tonsillectomy & Adenoidectomy <input type="checkbox"/> Bowel Resection <input type="checkbox"/> Hernia Repair <input type="checkbox"/> Gastric Bypass <input type="checkbox"/> Lung	<input type="checkbox"/> Appendectomy <input type="checkbox"/> Valve Replacement <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Tubal Ligation <input type="checkbox"/> Other _____	<input type="checkbox"/> Arthroscopy <input type="checkbox"/> Carotid Endarterectomy <input type="checkbox"/> Open Heart Surgery (CABG) <input type="checkbox"/> Joint Replacement <input type="checkbox"/> Angioplasty/Stent
Have you or any family member have a history of problems with anesthesia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Allergic reaction <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Persistent Vomiting <input type="checkbox"/> Unstable Blood Pressure	<input type="checkbox"/> Fainted <input type="checkbox"/> Hypotension <input type="checkbox"/> Prolonged Sedation <input type="checkbox"/> Other _____	<input type="checkbox"/> Hyper excitability <input type="checkbox"/> Persistent Nausea <input type="checkbox"/> Tachycardia
Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cigarettes/Cigar (smoke) <input type="checkbox"/> Less than 1 pack per day How long have you been smoking (years): _____	<input type="checkbox"/> Chewing Tobacco/Snuff (smokeless) <input type="checkbox"/> One pack per day <input type="checkbox"/> Greater than one pack per day Date you quit (if applicable): _____	
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, frequency of alcohol intake: <input type="checkbox"/> Daily <input type="checkbox"/> Socially		
Do you use recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Substance Name: <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Other _____ Frequency of Use: <input type="checkbox"/> Occasionally <input type="checkbox"/> Daily	Date you quit (if applicable): _____	
Are you being abused? <input type="checkbox"/> Yes <input type="checkbox"/> No		