

ENDOSCOPY

OUTPATIENT INSTRUCTIONS

DO'S

1. If applicable, **DO** follow your colon preparation instructions. If you have questions regarding your colon preparation, please call, (850) 877-2105 for instructions.
2. If you are taking Coumadin, aspirin, Advil, Motrin, Ibuprofen, or iron, **DO** hold these medications _____ days prior to your procedure. Please resume your medications per your physician's instructions. Tylenol is o.k. to take.
3. If you are taking coumadin **DO** make arrangements to have your blood drawn (for a PT) the day prior to your procedure.
4. **DO** bring your medications the day of your procedure. **DO** take your heart, blood pressure and asthma medications, if applicable, with a sip of water.
5. **DO** follow your insulin instructions per your primary care physician. Please discuss with him or her your preparation for the procedure, diet and time your procedure is scheduled. If applicable, **DO** check your blood sugar prior to leaving your house the morning of the procedure. Please bring your glucometer, testing strips and insulin to the endoscopy center the morning of your procedure.
6. **DO** wear casual clothes the day of procedure.
7. **DO** bring a copy of your insurance information and/or payment. If you have questions regarding payment, please contact our billing specialist at (850) 942-4706.
8. **DO** make arrangements for someone to drive you home. It is necessary to have a responsible adult available on discharge to receive post-procedure instructions and to drive you home. If a responsible adult is not available to drive you home, sedation **WILL NOT BE ADMINISTERED**.

There is adequate waiting space for you and one responsible adult. To prepare for your procedure, please arrive and check in for your procedure on:

DATE: _____
ARRIVAL TIME _____ AM/PM
PROCEDURE TIME _____ AM/PM

Some medications we use can have amnesiac affect, for that reason, your responsible adult should be available upon completion of the exam for consultation with you and your physician.

9. **DO** resume your normal daily routine the following day unless specific instructions are given to you at the time of discharge.
10. If applicable: **DO** bring your implanted cardiac defibulator / pacer identification card to the hospital on the day of the procedure.

DON'TS

1. **DON'T** eat or drink after midnight prior to your procedure.
2. **DON'T** wear nail polish on at least one fingernail (for patient monitoring purposes).
3. **DON'T** bring unnecessary valuables.
4. **DON'T** drive or operate machinery the day of your procedure.
5. **DON'T** take herbal supplements or herbal medications seven days prior to the procedure.

PLEASE BE ADVISED

1. To provide care for all patients in a timely manner and maximize your physician's time, please cancel your procedure as soon as possible and no later than 48 hours prior to your appointment. Call 877-2105 to cancel your procedure.
2. If applicable, please call 1-866-436-6197 or www.mytestresults.com to obtain your biopsy results. Your Social Security Number is your personal identification number. Your test results will be available 10-14 days after your procedure date.
3. Your procedure is scheduled at:
 - Tallahassee Endoscopy Center
2nd Floor of Digestive Disease Clinic
 - Tallahassee Memorial Hospital
Central Registration
 - Capital Regional Medical Center
Outpatient Registration

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