

Today's Date: _____

Dear Patient,

You have been scheduled for a procedure at Centrastate Medical Center, 901 West Main Street, Freehold, NJ 07728, on _____ with Dr. _____.

Attached you will find:

Procedure preparation instructions.

A prescription for your preparation (if you are having a colonoscopy); this can be obtained at your local pharmacy.

An order sheet for pre-admission testing (if required). If you have been advised pre-admission testing is necessary, please call **732-294-2778** to schedule your *pre-admission testing* as well as to *pre-register* for your procedure.

If you do not need to schedule any pre-admission testing, **pre-registration** will still be required. Please call Centrastate Medical Center's Admitting office at **732-294-2654** to *pre-register* for your procedure.

The evening before your procedure, a hospital representative will call you to advise you of your procedure time and when you should arrive at the hospital. When arriving at the hospital, please go through the main entrance and follow signs to "Admitting".

****If you find it necessary to cancel your appointment, please kindly give us 72 hours notice; this will allow us to use this appointment for other patients as well as help you avoid a \$100.00 cancellation fee.****

If you have any questions, please feel to call the office at 732-370-2220.

Thank you,

Advanced Gastroenterology Associates



SIGMOIDOSCOPY INSTRUCTIONS AND INFORMATION

TODAY'S DATE: _____

PATIENTS NAME: _____

PROCEDURE DATE: _____

PROCEDURE INSTRUCTIONS:

- (1) Nothing to eat or drink after midnight the night before.
- (2) One Fleet Enema at bedtime the night before.
- (3) One Fleet Enema 2 hours before procedure.

ADDITIONAL INSTRUCTIONS: _____
