

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

UPPER ENDOSCOPY INFORMATION AND PREPARATION

Patient Name: _____

Today's Date: _____

Procedure Date: _____

To help you determine your medical treatment, you have been asked to undergo an upper endoscopy (esophagogastroduodenoscopy). This is an examination of your esophagus, stomach, and first two portions of the duodenum (small intestine).

As you will receive sedative medication, please be sure to arrange to have someone pick you up after your procedure. You will not be able to drive a car or perform complex activities after receiving sedation.

Five days prior to your procedure, stop all herbal supplements (such as ginkgo biloba, St. John's wort, fish oil, etc.), vitamin E, and anti-inflammatories (such as Advil, Motrin, Aleve, or Excedrin). If you take Coumadin (warfarin), Plavix (clopidogrel), or diabetic medications, please make sure you have received instructions from your prescribing doctor. **DO NOT STOP ANY MEDICATIONS UNLESS INSTRUCTED BY YOUR DOCTOR.**

For the best possible examination, the upper gastrointestinal tract must be completely empty of food and liquids. Please do not eat or drink anything after midnight the night before your procedure and then not again until after your endoscopic examination. **TAKE ONLY YOUR APPROVED MEDICATIONS WITH A TINY SIP OF WATER AT LEAST TWO HOURS PRIOR TO YOUR PROCEDURE.**

The doctor will describe any special instructions in addition to those above. If you have any questions, please contact our office at (732) 370-2220.

Special Instructions: _____

KNOW YOUR BENEFITS!!!

You must call your insurance company prior to your procedure to KNOW YOUR BENEFITS.

You will be responsible for any **DEDUCTIBLES** and **CO-INSURANCE** associated with your particular insurance plan. DO NOT assume “in-network” means you will be 100% covered.