

GASTROENTEROLOGY SPECIALISTS OF FREDERICK, P.A.

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GENERAL INSTRUCTIONS BEFORE PROCEDURES

1. DRIVING AND OTHER RESTRICTIONS THE DAY OF PROCEDURE

I have been advised that during my upcoming procedure I will receive medication (sedation) that will prevent me from safely operating a vehicle, machinery, signing legal documents, going to work, etc. I understand that this precaution is taken as my judgment and coordination may be impaired. This precaution is only in effect for the day of the procedure. Consequently, I understand that I will NOT be allowed to operate a vehicle to return home and that alternative arrangements MUST be made IN ADVANCE for a responsible adult to take me home. I understand that I can return home by taxi, but I must still have a responsible adult with me and that the taxi driver cannot be the responsible adult. Your driver DOES need to remain in the waiting room until you are discharged, unless alternative arrangements have been made IN ADVANCE with Court Endoscopy Center. To discuss this before your procedure appointment, contact the **Court Endoscopy Center at 301-668-1600.**

2. Patient Medication Record Form and Medical and Surgical History Form (In the Court Endoscopy Center packet you have been provided) –bring to your procedure **completed**

3. FOLLOW COLONOSCOPY/SIGMOIDOSCOPY PREPARATION INSTRUCTIONS – ***discussed on your initial visit***

4. For EGD/ ERCP/ BRAVO/ SMARTPILL/ CAPSULE ENDOSCOPY/ ReSHAPE BALLOON/ - ***Follow instructions***

I understand and agree to the driving, restrictions and instructions as noted above.

I understand my procedure time has been reserved exclusively for me and if I cancel or not show, I am potentially precluding another patient from using this time and delaying his or her care. If I cancel OR reschedule my procedure without **5 business day's** notification, a cancellation fee of **\$100** (which is not covered by my insurance company) will be charged. Same day cancellations WILL be charged a **\$100** fee. This fee must be paid prior to rescheduling procedure or office visit.

I am scheduled to **ARRIVE** with my forms completed at _____ am / pm on _____ (for an approximate procedure start time of 30-45 minutes thereafter; this time could change due to unforeseen circumstances).

I understand and agree to what I have read and have been advised. I have received a copy of this form.

SIGNATURE & PRINTED NAME

DATE