

Rochester Gastroenterology Associates, LLP

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INSTRUCTIONS FOR ENDOSCOPIC ULTRASOUND/ ERCP

Name _____ Procedure _____

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. _____

PLEASE REPORT TO:

Unity Hospital Endoscopy Center

1555 Long Pond Road

Rochester, NY 14626

Tel: (585) 723-7119

REPORT AND REGISTRATION TIME:

DATE/DAY:

PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)227-1080 or (585)267-4040** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, ELIQUIS, or XARELTO**, please inform our office at (585)227-1080 or (585)267-4040 **IMMEDIATELY**. *These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.*

1. There is **NOTHING** to eat or drink after midnight the night before your procedure.
2. All medications can be taken on the day of the procedure with a minimal amount of water early in the a.m. Please check with us prior to taking any **INSULIN** or any other diabetic medication on the morning of the examination.
3. ADDITIONAL INSTRUCTIONS: _____

Thank you for the opportunity to accommodate your healthcare needs.

(10/22)