

UPPER ENDOSCOPY PREP

PATIENT NAME: _____ DATE and TIME: _____

This appointment date and time has been set aside specifically for you. Kindly give us 48 hours advance notice if you need to cancel or reschedule your appointment. You will be charged a \$50 cancellation fee by GI Associates of Tallahassee if you do not provide us with 48 hours notice. Missed procedures without prior notice will be charged a \$100 no-show fee. Leaving a message to cancel your procedure is not sufficient for last minute cancellations; you must speak to a staff member. These fees are charged to cover the expense incurred for nurses and medical staff preparing for your procedure.

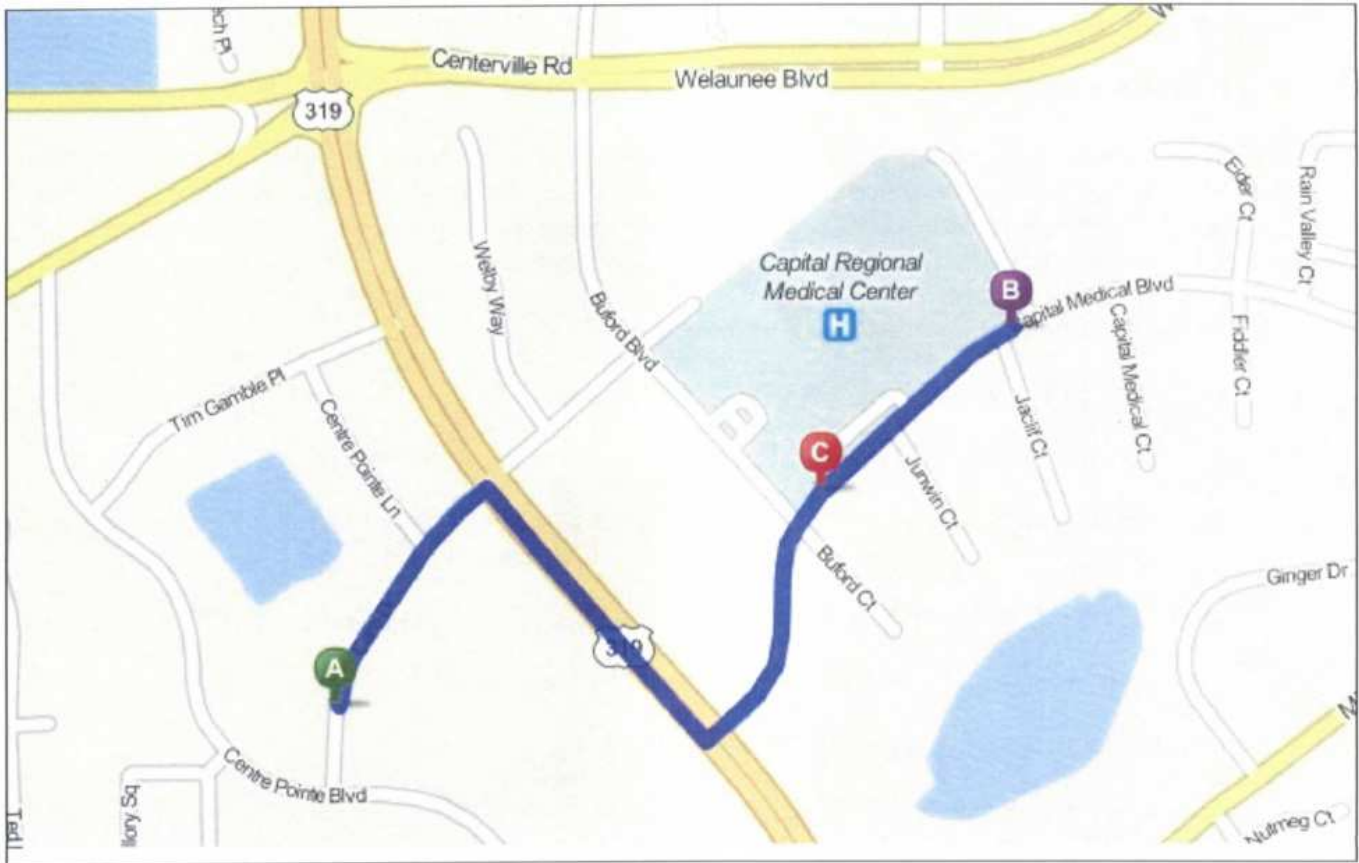
- **CAPITAL CITY SURGICAL CENTER:** 2807-2 Capital Medical Boulevard (850-402-4107)
 - Located on the corner of Jaclif Court and Capital Medical Boulevard.
 - You will receive a call 2-3 days prior to your scheduled appointment to confirm your appointment and give you your check-in time.
- **CAPITAL REGIONAL MEDICAL CENTER:** 2626 Capital Medical Boulevard (850-325-4201)
 - Enter the hospital through the main entrance. Check in with Admissions located on the 2nd floor.
 - **You will have to arrive by 6:30a.m. to check-in**

Your co-payments are expected before your procedure. Please check with your insurance plan and/or with our billing department to find out about your financial responsibilities. If you require pre-authorization, please check with your primary care provider. If you have any questions or concerns, please contact our business office at 850-219-2376.

We do not have access to facility fees for Capital Regional Medical Center. If you would like information regarding your facility fee, please contact the Capital Regional Medical Center Billing department at 888-821-1628.

Preparing for your Procedure:

1. **Nothing to eat or drink after midnight.** If you take heart and/or blood pressure medication you may take them with a small sip or water the morning of your test. Do **NOT** take any diabetes medication the day of your procedure.
2. Do **NOT** wear any jewelry (rings, watches, necklaces, earring or other body jewelry) the day of your procedure.
3. **STOP** any blood thinners (i.e. Aspirin, Coumadin, Plavix, Heparin, etc) or any other blood thinner-like medications (i.e. Betra, Celebrex, Goody's/BC Powders, Advil, Aleve, etc) 3 days prior to your procedure. **At discharge, you will be given instructions regarding when to restart these medications.**
4. **STOP** all iron supplements and vitamins containing iron 3 days prior to your procedure.
5. If you require antibiotics prior to any procedure (including dental treatments), please notify your nurse. Please obtain your antibiotics from your primary care provider before your procedure.
6. You will have to have someone drive you home. You will be given IV medication that will make you sleepy and impair your judgment. **You may not take a cab home.**
7. **We do not give you test results over the phone.** If you do not already have a follow-up appointment set up, please call our office at 850-841-1166. If you have any questions or complications please call our office at 850-841-1166 and ask for the nurse.



- A. GI Associates of Tallahassee
2457 Care Drive, Suite D-100
Tallahassee, FL 32308
- B. Capital City Surgical Center
2807-2 Capital Medical Blvd
Tallahassee, FL 32308
(850) 402-4107
- C. Capital Regional Medical Center
2626 Capital Medical Blvd
Tallahassee, FL 32308
(850) 325-5000