

Rochester Gastroenterology Associates, LLP

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INSTRUCTIONS FOR GASTROSCOPY

Name _____ Procedure _____

**YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. _____
PLEASE REPORT TO:**

Unity Hospital

1555 Long Pond Road

Rochester, NY 14626

Tel: (585) 723-7119

Rochester Endoscopy Center

20 Hagen Dr., Suite 330

Rochester, NY 14625

Tel: (585) 267-4040

Wilson Health Center

800 Carter Street

Rochester, NY 14621

Tel: (585) 922-0825

Rochester General Hospital

1425 Portland Avenue

Rochester, NY 14621

Tel: (585) 922-2990

REPORT AND REGISTRATION TIME:

DATE/DAY:

PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

Transportation arrangements must be made for someone to pick you up and accompany you home. **DUE TO THIS BEING A NEW YORK STATE LAW. NO EXCEPTIONS CAN BE MADE!**

You must arrange for a neighbor, friend, or family member to stay with you after your arrival home 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)267-4040** or **(585)227-1080** 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, or XARELTO**, please inform our office at (585)267-4040 or (585)227-1080 **IMMEDIATELY**. *These medications MAY need to be stopped AS DIRECTED BY YOUR MEDICAL PROVIDER.*

1. There is **NOTHING** to eat or drink after midnight the night before your procedure. If your procedure is *after 12:00pm* or later clear liquids may be consumed up to 4 hours before your scheduled 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.

Thank you for the opportunity to accommodate your healthcare needs.

(03/18)