

# 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

1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

#### 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)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, or 325 mg Aspirin**, 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.* For some procedures, prior blood tests may be necessary. These tests need to be done either the day before, or morning of your procedure. A requisition for the laboratory will be enclosed, if needed.

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.

*Thank you for the opportunity to accommodate your healthcare needs.*

(03/16)