

Office Appointments

Digestive Health Associates of Southwest MI, PC
 dba/Gastroenterology of Southwest Michigan
 3304 Cooley Court
 Portage, MI 49024
 269-349-2266 or online at www.gsm-kec.com

Procedure Appointments

Bronson Hospital
 601 John Street-
 First Floor Outpatient Testing
 Kalamazoo, MI 49007
 269-341-8700

ROBERT D. BROUWER, M.D.
 THOMAS P. GUSHURST, M.D.

KIM T. NGUYEN, M.D.
 HEIDI S. GJERSOE, M.D.

WILLIAM F. HANAVAN, M.D.
 WILLIAM W. WEBB, PhD., M.D.

Bronson EGD prep instructions

NAME: «Pt_Full_Name»

DATE: «Appt_Date»

Arrival time: _____

PROCEDURE: EGD(Esophagogastroduodenoscopy)

You have an appointment with «**Appt_Prov_Full_Name**» at Outpatient Testing at Bronson Hospital. The appointment time and date appear above.

Please register at Outpatient Testing in the West Pavilion on the 1st Floor at Bronson Hospital.

****Bring a list of your medications with you****

Should any problems arise, if you must cancel your appointment, or have any questions, please call our office at **(269) 349-2266** during normal hours of 8:00am to 5:00pm.

YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT TO DRIVE YOU HOME UPON DISCHARGE.

Please stop eating all indigestible foods such as corn, seeds and popcorn at least **5 days prior** to your procedure.

Have no solid foods or dairy after midnight the night before your procedure.

You may have clear liquids up until _____ the day of your procedure.

THE LIQUIDS LISTED BELOW ARE ALLOWED DURING THE PREPARATION.

Consume nothing with red dye

Coffee-NO CREAM	White cranberry juice	Jell-O -no red dye	7-UP	Bouillon
Tea	Apple Juice	Popsicle-no red dye	Ginger Ale	Clear Broth
Gatorade	Orange Juice, no pulp	Hi-C	Cola products	
	White grape juice	Tang		

Please bring a list of present medications and drug allergies. Please call the office if you have an allergy to latex products so precautions can be taken.

Because of the sedation you will receive for the procedure, you will need to avoid driving, drinking alcoholic beverages, operating power machinery, using sharp instruments, and making critical decisions.

MEDICATIONS

- | | |
|----------------------------|--|
| 1) INSULIN | Reduce the A.M. dosage by 1/2 the morning of the procedure. |
| 2) COUMADIN | or other anticoagulants. STOP five days prior to procedure. |
| 3) PLAVIX OR PLETAL | STOP seven (7) days prior to procedure. |
| 4) ANTI-INFLAMMATORY DRUGS | DO NOT take day of procedure. |
| 5) IRON SUPPLEMENT | STOP five (5) days before the procedure. |
| 6) ORAL DIABETIC MEDICATON | Take ½ the night before the procedure, and none the morning of the procedure. |

*****All other medications may be taken as directed*****

****Special billing notification****

Concerning multiple billings in conjunction to your procedure:

Please take note, when an outpatient procedure is performed at a facility you will receive billings from the facility AND the physician. If pathology is done you will ALSO receive billings from Bronson or Borgess for handling the specimen, ALSO from the pathologist for processing and reading.

KNOW YOUR INSURANCE

Some insurance's require pre-certification for inpatient and outpatient procedures. The procedure you are scheduled for is an outpatient procedure. Please check with you insurance carrier to determine if you need pre-certification. If you do not obtain pre-certification and your insurance requires it, the cost of this medical procedure may become your financial responsibility.

Thank you