



Digestive Health Associates of Southwest MI, PC
Db/Gastroenterology of Southwest MI
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NAME: «Pt_Full_Name»

DATE: «Appt_Date» **Arrival time:** _____

PROCEDURE: Endoscopic Retrograde Cholangiopancreatography (ERCP)

AT LEAST 48 HOURS PRIOR TO YOUR PROCEDURE, CALL (269)349-8930 WITH YOUR INSURANCE CARDS AVAILABLE TO REGISTER. FAILURE TO REGISTER WILL PREVENT US FROM BILLING YOUR INSURANCE. THIS PHONE NUMBER IS FOR REGISTRATION ONLY.

You have an appointment with «Appt_Prov_Full_Name» in the GI Lab at Borgess Hospital. The appointment time and date appear above.

Please register at the desk in the Atrium on the ground floor off the ramp.

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.

Have nothing to eat after midnight the night before you procedure. Have nothing by mouth after _____.

MEDICATIONS

- 1) INSULIN/DIABETIC MEDICATION Reduce the dosage by 1/2 the night prior to the procedure and **DO NOT** take it on the morning of the procedure.
- 2) COUMADIN/PLAVIX/HEPARIN Or other anticoagulants (aspirin, etc) **please call the office for instructions 269-349-2266.**
- 3) ORAL DIABETIC MEDICATION Take ½ the night before the procedure, and none the morning of the procedure.

Please bring a list of present medications and drug allergies. Please contact if you have an allergy to latex products.

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.