



Digestive Health Associates of Southwest MI, PC  
dba/Gastroenterology of Southwest MI  
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NAME: «Pt\_Full\_Name»

DATE: «Appt\_Date»      Arrival Time: \_\_\_\_\_

PROCEDURE: Endoscopic Retrograde Cholangiopancreatography(ERCP)

You have an appointment with «Appt\_Prov\_Full\_Name» in the GI Lab at Bronson Hospital. The appointment time and date appear above. Bring your insurance cards to your appointment.

Please register on the 1<sup>st</sup> floor (Outpatient Testing Area) at Bronson Hospital.

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 \_\_\_\_\_.

**THE LIQUIDS LISTED BELOW ARE ALLOWED DURING THE PREPARATION.**

Coffee-NO CREAM	Cranberry Juice	Jell-O	7-UP	Bouillon
Tea	Apple Juice	Popsicles	Ginger Ale	Clear Broth
	Orange Juice, no pulp	Hawaiian Punch	Hi-C	Tang

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

### MEDICATIONS

- |                             |  |
|-----------------------------|--|
| 1) Insulin                  | Reduce the A.M. Dosage by ½ on the morning of the procedure  |
| 2) Coumadin/Plavix          | Or other anticoagulants. <b>STOP</b> five days prior.<br><b>Please contact our office for instructions 269-349-2266.</b> |
| 3) Oral Diabetic medication | Take ½ the night before the procedure, and none the morning of the procedure.  |

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.