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NAME: _____

DATE: _____ TIME: _____ ARRIVE: _____

**Procedure Performed At
Northern NJ Endoscopy Surgical Center
18 Church St. Newton, NJ 07860
Phone: (973) 940-1110**

You have been scheduled for an endoscopic examination of the upper digestive tract. It is important to carefully follow the instructions outlined below. This will minimize the time required to do the procedure and ensure a thorough and adequate examination. Do not be apprehensive. You will be given ample opportunity to discuss any questions you may have before we begin. You will be given adequate sedation for the test.

- **One Week prior to the procedure:** Stop all supplements (including iron, multivitamins, and fish oil) and blood thinners. These medications include Aspirin or Aspirin-like products (Aleve, Naprosyn, Advil, Motrin and Ibuprofen, Plavix, Coumadin and Percodan). Tylenol/Acetaminophen is safe to take prior to procedure. If you are a diabetic, please inform the doctor of any medication you are on or if you are insulin dependent. You may continue your regular medications unless instructed otherwise.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE.**

***Please arrange for someone to accompany you. You will be given sedating medication and will not be allowed to go home on your own.**

******FOLLOWUP IN OFFICE TWO WEEKS AFTER THE PROCEDURE.
RESULTS ARE NOT GIVEN OVER THE PHONE******

Upper GI Endoscopy: Before Your Procedure

What is an upper GI endoscopy?

An upper gastrointestinal (or GI) endoscopy is a test that allows your doctor to look at the inside of your esophagus, stomach, and the first part of your small intestine, called the duodenum. The esophagus is the tube that carries food to your stomach. The doctor uses a thin, lighted tube that bends. It is called an endoscope, or scope.

The doctor puts the tip of the scope in your mouth and gently moves it down your throat. The scope is a flexible video camera. The doctor looks at a monitor (like a TV set or a computer screen) as he or she moves the scope. A doctor may do this test, which is also called a procedure, to look for ulcers, tumors, infection, or bleeding. It also can be used to look for signs of acid backing up into your esophagus. This is called gastroesophageal reflux disease, or GERD. The doctor can use the scope to take a sample of tissue for study (a biopsy). The doctor also can use the scope to take out growths or stop bleeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before the procedure?

Preparing for the procedure



- Understand exactly what procedure is planned, along with the risks, benefits, and other options.
- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your procedure. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your procedure. You may need to stop taking certain medicines a week or more before the procedure. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

Procedures can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for your procedure.

What happens on the day of the procedure?



- Follow the instructions exactly about when to stop eating and drinking. If you don't, your procedure may be canceled. If your doctor told you to take your medicines on the day of the procedure, take them with only a sip of water.
- Take a bath or shower before you come in for your procedure. Do not apply lotions, perfumes, deodorants, or nail polish.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center



- Bring a picture ID.
- The test may take 15 to 30 minutes.
- The doctor may spray medicine on the back of your throat to numb it. You also will get medicine to prevent pain and to relax you.
- You will lie on your left side. The doctor will put the scope in your mouth and toward the back of your throat. The doctor will tell you when to swallow. This helps the scope move down your throat. You will be able to breathe normally. The doctor will move the scope down your esophagus into your stomach. The doctor also may look at the duodenum.
- If your doctor wants to take a sample of tissue for a biopsy, he or she may use small surgical tools, which are put into the scope, to cut off some tissue. You will not feel a biopsy, if one is taken. The doctor also can use the tools to stop bleeding or to do other treatments, if needed.
- You will stay at the hospital or surgery center for 1 to 2 hours until the medicine you were given wears off.

Going home



- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your procedure. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

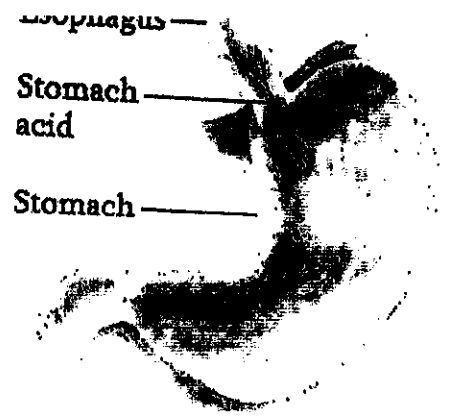
When should you call your doctor?



- You have questions or concerns.
- You don't understand how to prepare for your procedure.
- You become ill before the procedure (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the procedure.

Gastroesophageal Reflux Disease (GERD):

Care Instructions



Your Care Instructions

Gastroesophageal reflux disease (GERD) is the backward flow of stomach acid into the esophagus. The esophagus is the tube that leads from your throat to your stomach. A one-way valve prevents the stomach acid from moving up into this tube. When you have GERD, this valve does not close tightly enough.

If you have mild GERD symptoms including heartburn, you may be able to control the problem with antacids or over-the-counter medicine. Changing your diet, losing weight, and making other lifestyle changes can also help reduce symptoms.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Your doctor may recommend over-the-counter medicine. For mild or occasional indigestion, antacids, such as Tums, Gaviscon, Mylanta, or Maalox, may help. Your doctor also may recommend over-the-counter acid reducers, such as Pepcid AC, Tagamet HB, Zantac 75, or Prilosec. Read and follow all instructions on the label. If you use these medicines often, talk with your doctor.
- Change your eating habits.
 - It's best to eat several small meals instead of two or three large meals.
 - After you eat, wait 2 to 3 hours before you lie down.
 - Chocolate, mint, and alcohol can make GERD worse.
 - Spicy foods, foods that have a lot of acid (like tomatoes and oranges), and coffee can make GERD symptoms worse in some people. If your symptoms are worse after you eat a certain food, you may want to stop eating that food to see if your symptoms get better.
- Do not smoke or chew tobacco. Smoking can make GERD worse. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- If you have GERD symptoms at night, raise the head of your bed 6 to 8 inches by putting the frame on blocks or placing a foam wedge under the head of your mattress. (Adding extra pillows does not work.)
- Do not wear tight clothing around your middle.
- Lose weight if you need to. Losing just 5 to 10 pounds can help.

When should you call for help?



Call your doctor now or seek immediate medical care if:

- You have new or different belly pain.
- Your stools are black and tarlike or have streaks of blood.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your symptoms have not improved after 2 days.
- Food seems to catch in your throat or chest.

ANTI-REFLUX DIET

Your healthcare provider has advised you to begin an anti-reflux diet. This type of diet is actually easy to follow, requiring you to cut out just a few foods and beverages that either relax the lower part of the esophagus or increase the amount of acid in the stomach. These include:

Caffeinated drinks, carbonated drinks, greasy or fatty foods, spicy food, citrus fruits and juices, tomatoes or anything tomato based, onions, peppermint, chocolate, alcohol, nicotine (cigarettes, cigars, chewing tobacco).

Here are some dietary suggestions:

Food type	Foods to eat	Foods to avoid
Beverages	Water, fruit juices (except citrus juice), decaffeinated tea or coffee (use carefully, since some people are also sensitive to decaffeinated beverages)	Mint tea, regular coffee or tea, citrus juices, cocoa, alcohol in any form, carbonated drinks with and without caffeine
Dairy products	Skim milk, low fat milk, low-fat yogurt, low fat or fat-free sour cream and cream cheese, low fat cottage cheese	Whole milk, butter, chocolate milk, full fat sour cream, cream cheese, ice cream, high fat cheeses, such as cheddar, full fat dips
Vegetables	Any plain raw, backed, broiled or steamed vegetable, except onions and tomatoes	Fried, creamed or spicy vegetable dishes, onions, tomatoes
Fruits	Any plain raw, broiled or baked fruit	Oranges, tangerines, tangelos, grapefruit, lemons, limes, any fried fruit, any creamy fruit dishes
Meats	Any plain baked, broiled, steamed lean beef, pork, chicken, poultry or fish	Luncheon meat, hot dogs, sausage, bacon, fat back, salt pork, heavily marbled beef, any fried, breaded or pan fried meat, poultry, fish, shellfish or pork, any dish with gravy or sauce, chili, pizza, tacos, anything marinated in spicy, tomato or barbequed sauces
Breads and cereals	Any low fat bread or cereal, plain rice, plain pasta	Any high fat bread/cereal, any bread made with milk, creamy or cheesy rice dishes, past with tomato sauce
Desserts	Low fat baked goods(look for less than 3 grams of fat per serving), low fat or fat free puddings, fruit pops, except citrus pops	Chocolate desserts, creamy desserts, high fat desserts, such as cheesecake, pie, ice cream
Soups	Any fat free or low fat soup without tomatoes or onions	Full fat soups, tomato, onion, or french onion soup, creamy soups

In addition to dietary changes, some other tips to help reduce heartburn and reflux include:

Avoid eating and then bending over, lying down, reclining or going to sleep for two to four hours. Eat small meals instead of large meals, if you are still hungry simply eat more often. Raise the head of your bed 6-8 inches, this can be done by placing the head of the bed on blocks 6-8 inches high or by sleeping on wedge. Do not sleep on several pillows, since this will not help. Avoid tight fitting clothing. Lose weight if you are overweight. Avoid fast food, since it is usually very high in fat.

**Northern NJ Endoscopy Center
18 Church St.
Newton, NJ 07860
Tel: 973-940-1110
Fax: 973-940-1109**

Thank you for choosing Northern NJ Endoscopy Center for your upcoming procedure. Our staff looks forward to providing you with state-of-the-art medical care with an emphasis on patient safety and comfort.

The Center is accredited by the American Association of Accreditation of Ambulatory Surgical Facilities. It is our mission, along with AAAASF, to develop and implement standards of excellence to ensure the highest quality of patient safety. This facility has been inspected and has met 100% of the standards set by AAAASF.

Please look over the following information provided to help prepare for your visit. If you have any questions about the facility or your procedure please feel free to call at 973-940-1110. Our staff is available to help you.

Pre-Procedure Call:

A day or two before your procedure you will receive a call from the Center by one of the nurses. The nurse will ask questions about your medical history, allergies and any medications you may be currently taking. Your time of arrival will also be confirmed as schedule changes may sometimes become necessary. You will be asked if you have an Advanced Directive or Living Will. It is not the policy of the Center to acknowledge Advance Directives. If you would like more information on Advance Directives we will be happy to provide you with a packet.

Day Before Your Procedure:

FOR EGD: Nothing by mouth after midnight

FOR COLONOSCOPY: Your doctor will instruct you about what preparation to be used before your colonoscopy. If you have any questions about this prep, please feel free to call your GI doctor.

FOR BOTH EGD AND COLONOSCOPY: Your doctor will instruct you about holding certain medications, such as aspirin, coumadin or plavix. Please make sure you ask your doctor.

If you are taking medications for your heart, blood pressure or seizures, we recommend you continue to take them as scheduled including the day of your procedure. These medications may be taken with a few small sips of water up to three hours before your appointment. Please refrain from chewing gum for a minimum of 3 hours prior to arrival. If you are taking diabetes medications please consult with your doctor.

What to Wear and Bring:

Wear comfortable, casual clothing. Leave all valuables at home. We are not responsible for any losses. Glasses and dentures may be removed before your procedure and placed with your belongings.

You will need to have a photo ID, insurance information and a driver who is 18 Years of age or older.

*** You may NOT walk home or use public transit such as a bus or train even if accompanied by a responsible adult.** *Although your driver is not required to remain at the facility for the duration of your stay, your driver **MUST**

sign the Responsible Adult Driver Form. Your driver will be asked to be available so that the physician and nurse can go over the discharge instructions. You may not go home alone and you can not drive for the next 24 hours. You may not use Uber, Lyft, or private taxi unless you are accompanied by an adult family member or trusted friend. **TO ENSURE PATIENT SAFETY, ALL DRIVERS MUST COME INSIDE THE FACILITY BEFORE YOU ARE DISCHARGED.**

Upon Your Arrival:

Have your paperwork filled out to be given to the receptionist which consists of patient registration form, HIPAA, authorization to release information, and medication list form. (Please include all medications and supplements you normally take-even the ones you are temporarily holding prior to your procedure.)

A nurse will take you to the pre-op area where they will review your history and medication again. Your vital signs will be recorded and an IV will be started. The anesthesiologist will meet you here and talk to you about your procedure.

Discharge:

You will be in the Center from 1 ½ hours to 2 hours. The procedure itself takes anywhere from 15 to 30 minutes. You will be taken to the recovery area for approximately 30 minutes. When you are fully awake your physician will review the findings with you. We suggest you have your family member or person responsible available for this information.

Ownership:

In order to comply with the law the Center must disclose ownership. Your physician may have ownership in the Center.

Billing:

The Center will bill your insurance for your procedure. Statements will be mailed accordingly if there is a balance. In addition, your insurance company will be billed separately by your physician, anesthesiologist, and if applicable, the laboratory where specimens have been sent.

Location Of Facility on 18 Church Street, Northern New Jersey Endoscopy Center :

When you turn on Church Street, parking lot is directly on your left. You must park in this lot or along the fence. Do not park behind building 14 or 16 as these are private lots for those buildings or they will have you towed. Do not go to the front of the building, that is not our entrance. From the parking lot we are the third building along the alleyway. We are on the ground floor facing the parking lot with a green awning above our door which says Northern NJ Endoscopy Center.

Cell Phone Usage

Patients will be required to give their cell phones/electronic devices to the responsible person driving them home before leaving the waiting room. In addition, cell phone/ electronic devices are only to be used in the waiting room by anyone visiting the facility. No cell phone usage is permitted throughout the rest of the facility to protect patient privacy. Absolutely **NO** photography is permitted anywhere in this facility.

Authorization to Release Information and Pay Facility/ Anesthesiologist Directly

1. I authorize Northern NJ Endoscopy Center LLC to release to appropriate third parties such information as may be necessary, including diagnosis and other information from my medical records for the purpose of processing my facility and/or anesthesia claims.
2. I authorize all health insurance payments for services rendered to be sent directly to Northern NJ Endoscopy Center LLC and/or Morris Anesthesia Group. These amounts shall not exceed the balance of the facility and/or Northern NJ Endoscopy Center LLC charges for the services. This is a direct assignment of my insurance policy.
3. I understand that I am financially responsible to Northern NJ Endoscopy Center LLC and /or Morris Anesthesia for all charges not covered by insurance. I understand that I or my insurance company may receive more than one charge originating from different sources for a procedure. For example, separate fees may originate in addition to the physicians fee and will be billed separately (i.e. anesthesiology, facility, and laboratory fees).
4. I acknowledge that the insurance information that I have provided is accurate and true.
5. I understand that in the event of an emergency or the need for extended care, I may be transferred to a hospital or may need to seek treatment at an emergency room within 24 hours after having my procedure performed. In either case, I authorize Northern NJ Endoscopy Center LLC and Morris Anesthesia to obtain a copy of my "Discharge Summary" so as to provide the Center with appropriate follow-up information.
6. I certify that the information given by me in applying under Title XVII of the Social Security Act is correct and I authorize Northern NJ Endoscopy Center LLC and/or Morris Anesthesia to release to the Medical Bureau, CMS, and/or its intermediaries or carriers any information about me needed for this claim including any medical information relating to my treatment.
7. I understand that I should not bring any valuables to Northern NJ Endoscopy Center LLC, and that the Center is not liable for theft or loss of valuables.
8. Prior to the date of my procedure, I have been informed that the physician who is rendering services has ownership/interest in Northern NJ Endoscopy Center LLC, and I have been offered the option to be treated at another facility. I wish to be treated at the above referenced facility.
9. A copy of the Patient's Rights and Responsibilities has been given to me or to my representative prior to my procedure.
10. A copy of the HIPPA Notice of Privacy for Northern NJ Endoscopy Center LLC has been offered to me or my representative.
11. I understand that a responsible adult must be present to drive me home from the Center, after my procedure. I also acknowledge that there is a responsible adult whose care I will be under for the next 24 hours.
12. Name of Responsible Person _____ Phone number _____
13. ADVANCE DIRECTIVES WAIVER: I have previously executed an Advance Directive YES NO
14. If you answer "Yes", read the following important information: If I do not have a previously executed Advance Directive, I acknowledge having been given information regarding this prior to my procedure.
15. Some of the medications used during your procedure could be similar to medications specified in Advance Directives. There to insure the best possible care during your procedure you MUST waive your Advance Directive during admission to the Center.
16. I acknowledge that all resuscitative measures will be taken during my stay at the Center, and I further understand that if I have ever signed an Advance Directive, I temporarily waive it in its entirety for the duration of my visit at Northern NJ Endoscopy Center LLC.
17. I further consent to the drawing of blood and testing for exposure to Hepatitis B, Hepatitis C and to the human immunodeficiency viruses in the event that an individual at the Center is accidentally exposed to my body fluids. The results of these tests will remain strictly confidential as specified by law.

By signing here, I agree to all seventeen (17) authorizations on this page.

Patient Signature

Representative

Date

Printed Name

Printed Name

Witness

REGISTRATION INFORMATION

(PLEASE PRINT)

PATIENT INFORMATION

DATE _____

PATIENT _____ HOME PHONE (____) _____
LAST NAME FIRST NAME M.I. CELL PHONE (____) _____

RESPONSIBLE PARTY (If minor) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ EMAIL _____
SEX ☐ M ☐ F ☐ MARRIED ☐ WIDOWED ☐ SINGLE ☐ SEPARATED ☐ DIVORCED ☐ PARTNERED FOR ____ YEARS

BIRTHDATE _____ AGE _____

SOCIAL SECURITY _____ - _____ - _____

PURPOSE OF VISIT _____

How did you learn of our practice? _____

EMERGENCY CONTACT _____ EMERGENCY PHONE (____) _____
NAME RELATIONSHIP TO PATIENT

PATIENT EMPLOYER/SCHOOL _____

OCCUPATION _____ EMPLOYER/SCHOOL PHONE (____) _____

SPOUSE (or responsible party): EMPLOYED BY _____ OCCUPATION _____

Business Address _____ Business Phone _____

PRIMARY INSURANCE

PERSON RESPONSIBLE FOR ACCOUNT _____
LAST NAME FIRST NAME M.I.

RELATIONSHIP TO PATIENT _____ BIRTHDATE _____ SSN# _____ - _____ - _____

ADDRESS (if different from patient) _____ PHONE (____) _____
CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY (PRIMARY) _____

SUBSCRIBER # _____ GROUP # _____

ADDITIONAL INSURANCE

Is patient covered by additional insurance? ☐ YES ☐ NO

SUBSCRIBER NAME _____ BIRTHDATE _____

RELATIONSHIP TO PATIENT _____

INSURANCE COMPANY (SECONDARY) _____

SUBSCRIBER # _____ GROUP # _____

INSURANCE ASSIGNMENT AND RELEASE

I certify that I, and/or my dependent(s) have insurance coverage with _____ (name of insurance company) and assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorized the use of my signature on all insurance submissions. The above-named doctor may use my health care information and may disclose such information to the above named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

Signature of Patient, Parent, Guardian, or Personal Representative _____ Date _____

Please print name of Patient, Parent, Guardian, or Personal Representative _____ RELATIONSHIP TO PATIENT _____

**Notice of Privacy Practices Acknowledgement
Northern NJ Endoscopy Center**

18 Church St.
Newton NJ 07860

I understand, under the Health Insurance Portability & Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among multiple healthcare providers who may be involved in the treatment directly and indirectly
- Obtain payment from third-party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare options. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

If you have an answering machine may we leave a message Yes or No

With whom may we discuss your procedure information? _____

Patient Name: _____

Signature: _____

Date: _____

Office Use Only

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date	Initials	Reason