



Dear Patients:

IT IS THE PATIENT'S RESPONSIBILITY TO UNDERSTAND AND FOLLOW THE GUIDELINES OF THEIR INSURANCE PLANS.

We will make every effort to obtain authorization or referral from your primary care physician, however, you must be aware of your insurance benefits. Please contact the number on the back of your insurance card for coverage information, out of pocket estimates, and general questions about your healthcare coverage.

**"NO SHOW" POLICY**

We ask that you please call us at least 72 business hours in advance to cancel or reschedule your procedure. Patients who fail to cancel or call will be subject to a \$50 "NO SHOW" fee. This fee will be charged directly to the patient and must be paid in full before any rescheduling or office visit can occur.

SOUTH OAKLAND GASTROENTEROLOGY ASSOCIATES, P.C.

PATIENT:

DATE:

SCHEDULER:

DOCTOR:

PROCEDURE:

COLONOSCOPY

EGD

LIVER BIOSPY

ERCP

SBE

OTHER: \_\_\_\_\_

SCHEDULED AT:

BEAUMONT FARMINGTON

28080 GRANDRIVER AVE, DOOR #3  
FARMINGTON HILLS, MI 48336

LAKES MEDICAL CENTER

2300 HAGGERTY ROAD, SUITE 1000  
WEST BLOOMFIELD, MI 48323

HURON VALLEY HOSPITAL

1 WILLIAMS CARLS DRIVE  
COMMERCE, MI 48382

The Endoscopy Dept. at your facility will call you after 1pm the afternoon before your procedure to give you your arrival time. If you are unable to answer they will leave you a voicemail. Anesthesia pre-screening will also call you 3-5 business days prior to your scheduled procedure to confirm medical history for the anesthesiologist, the facility will leave a message if you are unable to answer. However, this call is mandatory and therefore must be completed prior to your procedure date, failure to complete this may result in cancelation by the facility. **The only exception to this is if your procedure is done at the Lakes Medical Center, Lakes will send either text/email notification for online registration. If you choose not to complete it online they will contact you the day prior to your procedure to confirm.**

**\*\*\*YOU MUST HAVE A DRIVER FOR YOUR PROCEDURE\*\*\***

Transportation does NOT include cab, uber, lyft, bus, taxi, or shuttle service. Your procedure will be cancelled if you do not have a driver. Your driver must remain on premises throughout the duration of your procedure.

**NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

Reminder:

- NO ASPIRIN OR IBUPROFEN SEVEN DAYS BEFORE YOUR PROCEDURE UNLESS ADVISED BY A PRESCRIBING PHYSICIAN. (BABY ASPIRIN 81MG IS OK).
- TYLENOL IS OK
- BLOOD THINNERS WILL NEED TO BE HELD PRIOR TO YOUR PROCEDURE, PLEASE CONTACT YOUR PRESCRIBING DOCTOR FOR CLEARANCE. OUR OFFICE CAN NOT ADVISE ON WHEN TO HOLD BLOOD THINNERS, THIS MUST COME FROM PRESCRIBING DOCTOR. DO NOT TAKE YOURSELF OFF ANY BLOOD THINNERS UNLESS YOU HEAR FROM OUR OFFICE OR YOUR CARDIOLOGIST.
- NO IRON SUPPLIMENTS OR MULTIVITAMINS CONTAINING IRON THREE DAYS PRIOR TO YOUR EXAM.

\*\*\*\*\*Anesthesia Prescreening will review all other medication during medical history confirmation call 3-5 business days before your procedure and go over how and when to take your medications the day before and morning of your procedure. This again will not apply if you are having procedure done at lakes medical center \*\*\*\*\*

ANY QUESTIONS OR CONCERNS PLEASE CALL: (248) 516-3778.

CLEARANCE FORM MUST BE FAXED TO: (248) 426-7350

Office hours: Monday-Thursday 8am-5pm, Friday 8am-4pm.

Please be aware that holidays may affect these times.

After hours, please call the main line at (248) 579-9220.