

Patient Procedure Checklist

Procedure: _____ Date: _____ Time: _____

For Colonoscopy: Clear liquid diet the whole day before procedure. Finish drink preparation as instructed. Nothing to eat or drink after midnight before the procedure (except drink preparation, if instructed).

For EGD: Nothing to eat or drink after midnight day of procedure

Bring **completed** packed of papers from MD office. Pt **Initials** _____

If you do not have a complete filled out packet at the time of your procedure appointment, your procedure might be delayed while you complete the required documents

Medication Instructions:

Hold **all** medications the day of procedure

No bloodthinners ___ days prior to procedure, or as directed by physician

Transportation Instructions:

No bus or trolley

No taxi without adult accompaniment (not the taxi driver). Taxi is at your expense

If you do not have proper transportation arranged, your procedure will be cancelled and will have to be rescheduled.

Bring copy of Advance Directive if you have one

At the time of my appointment, I acknowledge that I was given information about Advance Directives, had forms available, was informed about the Advance Directive policy at Euclid Endoscopy Center and was given an opportunity to ask questions

By signing below, I acknowledge receiving my instructions and a checklist from a staff member at Digestive Disease Associates, Inc.

Patient Signature: _____ Date: _____

Print Name: _____

Please make sure **everything** has been checked off. If you have any questions, please call the Euclid Endoscopy Center at 619-564-8249. Thank you