

PATIENT NAME: _____

PREPARATION FOR GASTROSCOPY

APPOINTMENT INFORMATION:

1. Your procedure is scheduled for:
2. The procedure will be performed at
3. Please arrive:

It is **RECOMMENDED** for women of childbearing age to have a pregnancy test done **two days prior** to the procedure. This may be done at our office, or at a lab of your choice.

****DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT****

MEDICATION:

1. All non blood thinning **AND** Blood Pressure medication should be continued as prescribed **AND** taken on the day of your procedure at least 2 hours prior with a sip of water.
2. A. **Coumadin** should be stopped **3 days prior** to the procedure.
B. **Xarelto** should be stopped **24 hours prior** to procedure.
C. **Pradaxa + Eliquis** should be stopped **12 hours prior** to procedure time.
3. **If you are taking Aspirin/Plavix/Effient/Brillinta and you have a Cardiac Stent DO NOT STOP your Aspirin/Plavix/Effient/Brillinta prior to the procedure.**
4. If you are taking Aspirin/Plavix/Effient/Brillinta for **any other medical condition**, Please consult with your Medical Doctor prior to stopping these medications. If it is okay with your doctor, please stop Aspirin/Plavix/Effient/Brillinta seven (7) days prior to the procedure.
5. If you are taking Iron preparations or vitamins containing iron, please discontinue taking these preparations **seven (7)** days prior to the procedure.

REQUIREMENTS:

1. Because you will receive sedation, **someone MUST be with you to drive you home after the procedure.** No patient will be permitted to take a cab or drive himself or herself home. **There are no exceptions to this rule.** After the procedure do not drive, operate heavy machinery or return to work for the entire day.
2. You must bring all pertinent insurance information with you, especially your insurance cards. **ALL CO-PAYMENTS and DEDUCTIBLES will be collected on the date of service.**
3. You will receive a telephone call from the Endoscopy Unit the day before your procedure to confirm your appointment.
4. Please do not wear any jewelry to the office on the day of your test. Do not chew GUM on the day of your procedure.

INSURANCE INFORMATION:

This procedure is considered surgery. We will check with your insurance company to see if you need prior approval to receive payment. You will be responsible for your co-payment/co-insurance. You may be asked to obtain a referral from your primary care physician prior to your procedure. It is necessary for you to cooperate with our office and obtain the referral in a timely manner. Failure to obtain the referral will result in cancellation of the procedure.

NOTE: DIABETIC PATIENTS – CONSULT YOUR FAMILY PHYSICIAN.

GASTROINTESTINAL ASSOCIATES OF LONG ISLAND

Practice Limited to Gastrointestinal, Liver, and Pancreatic Disorders

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516-365-5509

FAX # 516-365-0548

SOME PREPARATIONS CONTAINING ASPIRIN, SALICYLATES AND/OR SALICYLAMIDES

Advil, Ibuprofen

Alka-Seltzer Antacid & Pain Reliever Effervescent Tablets

Alka-Seltzer Plus Cold Medicine Tablets

Anacin Tablets & Caplets

Anacin Maximum Strength Tablets

Arthritis Pain Formula Tablets

Arthritis Strength Bufferin Tablets

Arthropan Liquid

Ascriptin Tablets

Ascriptin Extra Strength Tablets

Aspergum

Bayer Aspirin Tablets

Children's Bayer Chewable Aspirin Tablets

Bayer Plus

8 hour Bayer Time-Release Aspirin Tablets

BC Powder/Cold Powder

Buffaprin Tablets

Bufferin Tablets & Caplets

Bufferin Arthritis Strength Caplets

Bufferin, Extra Strength Tablets

Cama Arthritis Pain Reliever Tablets

Dasin Tablets

Duradyne Tablets

Ecotrin Tablets & Caplets, Regular & Maximum Strength

Empirin Tablets

Excedrin Extra-Strength Tablets & Caplets

Goody's Headache Powders, Tablets

Maximum Bayer Aspirin Tablets & Caplets

Mobigesic Tablets

Momentum Tablets

PAC Analgesic Tablets

Peptobismol Tablets & Liquid

Sine-Off Tablets, Aspirin Formula

St. Joseph Adult Chewable Aspirin

Therapy Bayer Caplets

Trigesic

Vanquish Caplets

IMPORTANT NOTE: THIS IS NOT A COMPLETE LIST.

CALL YOUR PHARMACY IF YOU ARE UNSURE OR HAVE ANY QUESTIONS REGARDING YOUR MEDICATIONS.

****** OTHER PRODUCTS WHICH MUST BE DISCONTINUED ARE THE FOLLOWING:**

ST. JOHN'S WORT

VITAMIN E

PLAVIX

GINKGO BILOBA

GASTROINTESTINAL ASSOCIATES OF LONG ISLAND, L.L.P.

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Surgical Scheduling: (516)365-5509

Dear Patient:

You have been scheduled for an endoscopic procedure whereby anesthesia will be administered. Your medical insurance may not cover your anesthesia bill in full. Prior to your procedure date, please check with your insurance carrier regarding the anesthesia benefits covered under your policy including any cost sharing requirements.

If your procedure is scheduled in our office, we will bill your insurance carrier for anesthesia services. You will be responsible for any deductible, coinsurance, copay, and/or any service not covered by your medical insurance policy. If you have any questions regarding your office anesthesia bill, please call our billing department at (516)365-3394.

If your procedure is scheduled in the hospital, we recommend once you receive the date and time of your procedure that you call the anesthesiology department at the hospital and ask them to assign an anesthesiologist to your case who is contracted with your insurance plan.

New York Cardiovascular Anesthesiologists at St. Francis Hospital:

(516)627-6624

Nassau Anesthesia Associates at Winthrop University Hospital:

(516)741-0570

Thank you,
Surgical Scheduling Department
(516)365-5509

revised: 06/02/15