

WHAT YOU SHOULD KNOW PRIOR TO YOUR PROCEDURE

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You will receive intravenous sedation prior to your procedure. Because of this, for the rest of the day of your procedure:

1. You **cannot** drive a car or operate dangerous machinery.
2. You **must** have a pre-arranged adult who will take responsibility for you after your procedure and will drive you home. Public transportation such as taxis or buses is not an acceptable option. In the interest of patient and public safety, **your procedure will be cancelled if you cannot provide proof of acceptable transportation.**

_____ will take responsibility for me after my procedure and will provide my ride home. These are the number(s) where my ride can be reached.

Home _____ Cell _____ Work _____

We **MAY / MAY NOT** speak with the above named person once your procedure is completed.

3. Do not make important decisions or sign legal documents.
4. Do not drink alcoholic beverages or take sedatives for 24 hours.
5. Be prepared to go home to rest and continue your recovery from sedation there.
6. If tested, a drug test may be positive for the next 5-7 days due to the medication received during the procedure.
7. Did you receive your brochure from your physicians office titled "Patient Rights and Notification of Physician Ownership" Yes or No

When you leave the Endoscopy center, you will be given written instructions with telephone numbers to call if you have any questions after you get home. These instructions are provided because as a result of IV sedation, frequently patients forget what the physician tells them after their procedure. Please make sure you review these when you get home.

The above instructions have been explained to me. I understand and accept them. I have signed this form prior to receiving sedation.

Patient Signature: _____

Witness: _____ Date: _____ Time: _____

POST PROCEDURE COMMUNICATION

We will call you the first business day after your procedure.

The best phone number where we can reach you after your procedure is:

Home _____ Cell _____ Work _____

We **MAY / MAY NOT** leave a message at the above number for follow up call.

Spoke with patient Other Message left No answer Busy

Complications YES NO _____

Date: _____ Time: _____ Signature: _____