Gastroenterology of Greater Orlando

Board Certified in Gastroenterology

INSTRUCTIONS FOR (ENDOSCOPIC ULTRASOUND) EUS

Procedure Date: _____ Follow Up Date and Time:_____

The facility will call you with the time 2 business days* prior *to your procedure date

FACILITY	ADDRESS	PHONE#
ADVENT HEALTH FISH MEMORIAL	1055 Saxon Blvd, Orange City FL	386-917-5000
LAKE MONROE HOSPITAL	1401 West Seminole Blvd, Sanford FL	888-894-2106

INSTRUCTIONS:

- Continue taking routine medications, including blood pressure and heart medications.
- If diabetic, only take ½ of your usual dose the morning of procedure.
- Before stopping any blood thinner, please discuss with your prescribing provider.
- Hold Coumadin, Plavix, Effient, Brilinta for 5 days before your procedure.
- Hold Pradaxa, Eliquis, and Xarelto for 2 days before your procedure.
- **5 days** before, do not take any: Aleve, Motrin, Naproxen, Ibuprofen – Tylenol is safe to use
- **5 days** before, discontinue iron supplements, vitamins, or herbal supplements
- No solid foods after breakfast on the day before the procedure, you can drink **clear** liquids **(NO REDS/DARK COLORS)** until 3 hours before the procedure. You may take any necessary medications with a small sip of water up to 3 hours prior to your procedure. After the 3-hour mark, you may not consume anything by mouth including water.
- **You must have a friend or family member drive you to and from the facility. NO FORM OF TAXI SERVICE IS PERMITTED.**

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Cancellation Fees:

As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... $75
In-office Procedure with less than 24 hours' notice $50
Office visit with less than 24 hours' notice $25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Please call the office if you have any questions or concerns.

2884 Wellness Ave
Orange City, FL 32763
(386) 668-2221

929 N Spring Garden Ave Ste. 150
DeLand, FL 32720
(386) 469-7993

795 Primera Blvd, Ste. 1001
Lake Mary, FL 32746
(407) 749-6656