

Hemorrhoid Banding

What is a Hemorrhoid Banding?

It is a simple, painless and highly effective procedure that can be performed in less than a minute. We use proprietary CRH O'Regan System which doesn't require surgery or recovery time.

How does the banding work?

We use a small, gentle, single-use and disposable suction device to minimize discomfort and complications. A tiny rubber band is placed around the base of the hemorrhoid. The banded tissue shrinks and falls off within a day or so, usually without you noticing.

Will I need to take time off of work? Is there any Preparation required?

Most patients are able to return to work the same day. No preparation is required for this procedure. Just make sure to wear comfortable clothing.

Appointments:

Treatment #1: _____ Time: _____

Treatment #2: _____ Time : _____

Treatment #3: _____ Time: _____

Follow Up: _____ Time: _____

Please hold anticoagulation medication (ie Xarelto, Eliquis, Warfarin, Plavix) five (5) days prior to banding with the exception of aspirin, pending cardiologist or PCP approval.

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 327
(386) 469-7993

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