

Bucks County GI Endoscopic Surgical Center

1339 Woodbourne Rd • Suite B101

Levittown, PA 19057 – 1504

(215) 547 - 3441

Please Read These Instructions Immediately

Date:

Patient Name: Date of Birth:

Physician:

Your procedure: Endoscopy Colonoscopy Flexible Sigmoidoscopy

Procedure Date: Procedure Time (Subject to Change): Arrival Time:

Allow at least **two (2) hours** for your procedure.

Referral Needed: _____ **ALL COPAYS and DEDUCTIBLES must be paid at time of service.**

It is your **responsibility** to have your referral if needed. Your procedure **will be cancelled** if no referral is available

Please Notify Our Office Immediately

- **If you have a PACEMAKER, a DEFRIBRILLATOR and/or a CARDIAC STENT.** Call the office and tell us the make, model number and when it was placed. Please present your implant card on admission.
 - **DO NOT STOP Aspirin unless directed to do so by the physician who started you on the medication.**
 - If you are **taking Plavix, Ticlid, Aggrenox, Pletal or Persantine.**
 - It will probably need to be stopped 7 days prior to your procedure **if approved** by the physician who put you on the medication.
 - **Contact** your primary care physician, cardiologist, neurologist or vascular surgeon **to see if you can stop the medication prior to your procedure.**
 - If you are **taking Coumadin.**
 - Coumadin is a strong blood thinner and will probably need to be stopped 5 days prior to your procedure **if approved** by the physician who put you on the medication.
 - **Contact** your primary care physician, cardiologist, neurologist or vascular surgeon **to see if you can stop the medication prior to your procedure.**
 - **Discontinue Vitamin E, Herbals, and Iron 3 days** prior to your colonoscopy unless otherwise advised by your primary care physician:
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If you are a diabetic,

- Check with our office for instructions on how to take your insulin the day before your procedure
 - Do NOT take any diabetic medication the morning of your procedure. Bring it along with you.
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If you have sleep apnea,

- And have a device at home (CPAP/BiPAP machine), please bring this along with you on the day of your procedure.
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You must have a responsible adult drive you home after the procedure.

- You will NOT be permitted to drive until the following day.
- Due to the sedation you will receive, you must arrange to take the day off from work .

Please leave all valuables and jewelry at home.

We are not responsible for any lost valuables and/or jewelry

- **Nothing to eat or drink** after midnight (including gum and hard candy) the night before your procedure
- Please take your heart, blood pressure, seizure, or asthma medications the morning of your procedure with a small sip of water.
- Enclosed is a **copy** of your procedure and anesthesia consents. ***Please read them over carefully.***
- If you have any questions, please contact our office at (215) 547 – 3441.

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- **Please be advised:**

- Depending on your individual medical insurance plan, you may have to pay a co-pay or a deductible fee.
- Your co-pay will not be the same as an office co-pay, because your procedure will be performed in a licensed Ambulatory Surgery Center (ASC) and is considered **outpatient surgery**.
- If you do not know what your co-pay is for **outpatient surgery**, please call your health insurance company (number located on insurance card) to determine what you may have to pay out of pocket.
- The name of our facility is: Bucks County GI Endoscopic Surgical Center, located at 1339 Woodbourne Road, Levittown, PA.
- Please contact your insurance company to make sure that your benefits are in network with these providers using the following Tax ID numbers:
 - Bucks County GI Endoscopic Surgical Center: Tax ID# 59-3789245
 - Woodbourne Anesthesia: Tax ID# 20-4712853
 - Gastroenterologists, Limited: Tax ID# 23-1863932
- It is your responsibility to pay this fee at the time of service.

Cancellation Policy:

1. If you cancel or reschedule your procedure or appointment, **48-hour** notice is required or you will be subject to a **\$100.00 fee**.
2. If you do not show up for your appointment or procedure, you **will be charged a \$100.00 fee**. Your appointment or procedure **will NOT** be rescheduled until this fee has been paid.

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Directions from I- 95

Take **I-95 North** to the **Levittown/Penn del Exit #44**. Follow ramp up and bear to the right. This will put you onto **Business Route 1**. Follow Route 1 until you reach the 5th traffic light. McCafferty Ford will be on your right. Make a right onto **Woodbourne Road**. Follow through 3 lights. Walgreen's will be at the corner on your right side. We will be the first office building on your left.

Directions from Route 1

Take **Roosevelt Blvd North** to the first exit past the Neshaminy Mall (**Penn del Exit**). This will put you onto **Business Route 1**. Continue on Business Route 1 until you reach the 9th traffic light. McCafferty Ford will be on your right. Make a right onto **Woodbourne Road**. Follow through 3 lights. Walgreen's will be at the corner on your right side. We will be the first office building on your left.

Directions from Route 1 North (New Jersey)

Take **Route 1** to **Oxford Valley Road Exit**. Make a left onto **Oxford Valley Road**. Follow to the 6th traffic light. Cross over Old Lincoln Highway (stay to your right). Follow to the end (dead-end) and bear to the right. Make immediate left (Oxford Valley Road). Go to the light and make a left onto **Woodbourne Road**. We will be the first office building on your left.

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Woodbourne Anesthesia

1339 Woodbourne Rd, Levittown, PA 19057-1504

Anesthesia Consent

(Patient Label Here)

_____, a representative of Woodbourne Anesthesia has explained and discussed with me the nature and purpose of the proposed anesthesia. This consists of placing a catheter into my vein and administering medicine to keep me sedate or in a sleep-like state (intravenous sedation) and to decrease the discomfort I might otherwise experience during the procedure. My vital signs (blood pressure, electrocardiogram, oxygen saturation, and respiration) will be monitored continually throughout the procedure.

RISKS:

The pre-procedural, procedural, and post procedural risks of anesthesia include but are not limited to: inflammation of the vein, bruising and/or discoloration at the injection site, lack of coordination, drowsiness, fainting, allergic reactions, nausea, vomiting, headache, change in blood pressure, brain damage, cardiac arrest and/or death.

ALTERNATIVES:

Woodbourne Anesthesia has adequately explained all feasible alternatives to the administration of intravenous sedation to me including no sedation.

PATIENT’S AUTHORIZATION

I am asking to receive anesthesia during my pending procedure.

1. I understand that medications I am taking may cause complications with anesthesia. I understand that it is in my best interest to inform the Anesthetist about the nature of any medications I am taking, including but not limited to aspirin, cold remedies, narcotics, PCP, marijuana, and cocaine.
2. If I am pregnant, I understand that the procedure should be postponed. Anesthetics cross the placenta and may temporarily anesthetize my baby. Although fetal complications of anesthesia during pregnancy are very rare, the risks to my baby include, but are not limited to birth defects, premature labor, permanent brain damage, and death.
3. I certify that I have, to the best of my ability, told the anesthetist obtaining consent of all major illnesses I have had, of all past anesthetics I have received and any complications of these anesthetics known to me, of any drug allergies I have, and of all medications I have taken in the past year. I have also responded truthfully to any additional questions asked by the anesthetist.
4. I certify that I have not consumed any solid food or liquid since midnight before the day of the procedure.
5. I certify that I have read and fully understand the above Consent. All of my questions have been answered by Woodbourne Anesthesia to my satisfaction. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the proposed anesthetic.
6. I consent knowingly and voluntarily to the administration of intravenous sedation as outlined above. At all times during the reading, explanation and execution of this form, I possessed all of my mental faculties and was not under the influence of alcohol and/or medications.
7. Woodbourne Anesthesia will first bill my insurance carriers when applicable. I hereby authorize my insurance benefits to be paid directly to Woodbourne Anesthesia. I hereby acknowledge that my insurance carrier may not cover the cost of the services described in this Consent form and agree that if my insurance does not pay for the anesthesia, I accept full financial responsibility for my account balance. Woodbourne Anesthesia will abide by all regulations of participating insurance plans.

Please read this consent prior to coming in for your procedures.

Any questions you may have will be discussed at the time of your procedure.

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Informed Consent for Procedure

(Patient Label Here)

For the following reason: _____, my physician (Dr. Robert C. Goldstein/Dr. Elliott B. Frank) has recommended the procedure marked below which may include the removal of tissue (biopsy), foreign object removal, stretching (dilation) of narrow areas found in the swallowing tube (esophagus) or intestines, the removal of a polyp (polypectomy), and/or treatment of bleeding with cautery, endoscopic clips, or medication injection.

- Upper Endoscopy (EGD):** A thin, flexible tube will be passed through the mouth into the swallowing tube (esophagus), stomach, and the first part of the small intestines (duodenum).
- Colonoscopy:** A thin, flexible tube will be passed through the anus into the rectum and then through the large intestines.
- Flexible Sigmoidoscopy:** A thin, flexible tube will be passed through the anus into the rectum and lower colon.
- Other:** _____

At the time of my procedure, the lining of the digestive tract will be examined and possibly photographed. If an abnormality is seen or suspected, a small sample of tissue (biopsy) may be taken to examine under the microscope or the lining may be brushed for a special study (cytology). Small growths (polyps), if seen, can frequently be completely removed (polypectomy) from the digestive tract.

RISKS

All procedures have possible risks. The risks from having this procedure include:

- Bleeding - from removal of polyps or other tissue, dilation, scope trauma, or existing disease process.
- Perforation (tear) in the lining of the esophagus, stomach, or intestinal wall
- Infection –caused by leakage of intestinal contents into the abdominal cavity.
- Air embolism- pocket of air moving from the intestines into the blood stream.
- Dental- damage to teeth or dental work
- Missed lesions, including polyps or cancer

Severe complications of endoscopic procedures are very uncommon but can lead to prolonged hospitalization, surgery, blood transfusions, antibiotics, admission to the intensive care unit and rarely death.

ALTERNATIVES:

Alternatives to endoscopic procedures may include other tests, such as x-rays. Another option is to choose no diagnostic studies and/or treatment

PATIENT’S AUTHORIZATION:

I certify that Dr. Robert C. Goldstein/Dr. Elliott B. Frank has explained the procedure to me. I understand the risks, benefits, and alternatives to the procedure. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the procedure(s) or treatment. I have been informed of the risks, and benefits of being cared for at the Center instead of at a hospital.

Prior to the date of my procedure, I have received verbal and written information, in a language I understand, and have been given the opportunity to ask questions concerning Patients Rights and Responsibilities, Advance Directives, and Disclosure of Physician Ownership.

All of my questions have been answered to my satisfaction and I agree to have the procedure performed.

Please read this consent prior to coming in for your procedures.