

BRANDYWINE GASTROENTEROLOGY ASSOCIATES, LTD.

You have been scheduled for a COLONOSCOPY, EGD, ERCP or Liver BX. on _____.

PLEASE FOLLOW THE INSTRUCTIONS MARKED WITH A CHECK MARK:

_____ BRANDYWINE HOSPITAL will call you the **day before** your procedure, between 3:30 and 5:00 p.m. to tell you the time you must be at the hospital.

_____ BRANDYWINE VALLEY ENDOSCOPY CENTER will call you the **last business day before** your procedure to confirm your appointment. This will give you an opportunity to ask questions and review your instructions. If you are not home on this day, you may contact us between the hours of 9:00 am and 11:00 am at 610-269-5440.

_____ Your insurance company requires that you obtain a REFERRAL from your primary physician. You **MUST BRING TWO FORMS**, one for Brandywine Gastroenterology Associates and one for the hospital or center **PRIOR** to your procedure.

PREPARATION FOR COLONOSCOPY:

_____ Follow the directions as explained to you in the office.

_____ If you are having trouble with your prep, or you think it is not working, please call 610-384-6076 and they will get in touch with the physician on call.

PREPARATION FOR EGD OR ERCP:

_____ NOTHING to eat or drink after midnight the night before your procedure.

_____ NO SMOKING or chewing gum after midnight the night before your procedure.

_____ Do not take any aspirin or aspirin products including fish oils, vitamin E and multi vitamin for seven (7) days prior to your procedure.

PREPARATION FOR LIVER BX:

_____ Small breakfast at 6:30 a.m. (i.e. Dish of cereal, toast, tea, coffee or clear beverage).

_____ Do not take any aspirin or aspirin products including fish oils, vitamin E and multi vitamin for seven (7) days prior to your procedure.

PLEASE REVIEW THE INFORMATIONAL BROCHURE ABOUT YOUR PROCEDURE THAT YOU WERE GIVEN, IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE DO NOT HESITATE TO CALL US.

UPON ARRIVAL AT THE FACILITY:

_____ Brandywine Hospital--Go to the **Short Procedure Unit** on the **third floor** of the hospital.

_____ Brandywine Valley Endoscopy Center--see enclosed directions

PLEASE REMEMBER TO TAKE YOUR INSURANCE CARDS/DRIVER'S LICENSE/FORMS/REFERRAL FOR THE FACILITY, WITH YOU TO THE FACILITY ON THE DAY OF YOUR PROCEDURE.

AFTER THE PROCEDURE:

YOU WILL NOT BE ALLOWED TO DRIVE HOME AFTER THE PROCEDURE. Please be sure that you have transportation home. Our office staff will call you if you need a follow-up appointment.

**Brandywine Professional Building
610-384-6076**

**Southern Chester Co. Medical Office Bldg.
610-869-2224**

**Exton Office
610-269-5200**