

Dear Patient:

Your Colonoscopy and/or Upper Endoscopy with Dr Manish Tandon has been scheduled on
date: _____ time: _____ am / pm at _____
Please arrive 1 hour prior to procedure time at _____ am / pm

If your insurance company requires an insurance referral for the procedure, then please contact your primary care physician several days prior to the date of procedure to ensure a referral has been placed. If the referral is not approved and given to our office you will be responsible for the bill.

** Each patient is responsible to check with their insurance company to make sure the procedure is a covered service under their plan, whether for routine screening or for diagnostic purposes **

To avoid delays on the day of your procedure, please fill out the forms attached, which will be reviewed with the nurses when you arrive. You will need to check in at the Admitting Office and they will review registration information, check you in, and direct you to the GI Unit once completed.

** Please see Dr Tandon's attached **CANCELLATION** policy. **We REQUIRE notification Atleast 72 hours (weekends excluded) prior to the date of the procedure, Else a NO SHOW fee of \$250 will be charged** **

Prep instructions: PLEASE READ CAREFULLY

1. If you are being sedated for the procedure, then you will **NOT** be allowed to drive post procedure and **will need an Adult person to accompany you from the endoscopy suite post procedure.** Please be sure to arrange a ride in advance.
2. If you are on blood thinning medications such as Coumadin (warfarin), Eliquis, Xarelto, Plavix, then please ensure this is OK to **STOP** with your primary care or prescribing physician prior to the procedure. Please call Dr Tandon's office to discuss if needed. (Aspirin 81 mg is OK to take prior to procedure).
3. If you are on Diabetic meds then All Oral medications will need to be **STOPPED** day of prep and day of procedure. Injectable meds will need to be ½-dosed day of prep and day of the procedure. Please discuss with your diabetes physician if taking high doses of insulin.
4. If you are on Diabetic/Weight loss injectable meds such as Wegovy, saxenda, ozempic, trulicity, Victoza, Mounjaro, Zepbound (SEE LIST enclosed) then Please **STOP All Weekly INJECTIONS 8 DAYS prior to your procedure date.**
5. Please DO NOT STOP other medications such as blood pressure or heart medications prior to the procedure. You may take these with small sip of water upto 3 hrs prior to the procedure. Please STOP Iron supplements and Ibuprofen-meds such as Advil, Aleve, Motrin 5 days prior to the procedure.
6. You will need to bring photo identification **and your insurance card to the procedure.** Please bring your eyeglasses if required for reading.

We strive to ensure an efficient and safe procedure for you.

** Please Call our Office if you have any concerns or questions regarding your procedure **

** Please let us know as soon as possible incase you are not able to make the procedure date, so we can use the limited slots available for other patients – See cancellation/No Show policy below **

Office Visits and Procedure Cancellation/Reschedule Policy:

If you need to Cancel or Reschedule an Office appointment, then PLEASE give at least 72 hours notice.

- If a 72 hr notice is not given, then a **\$50 NO SHOW fee will apply for missed Office appointments.**

If you need to Cancel or Reschedule a PROCEDURE that is booked, then we need at least a 72 hours notice.

- If a 72 hr notice is not given, then a **\$250 NO SHOW fee will apply for missed PROCEDURE appointments.**

**** Please understand that this is important as we need to use the limited appointment slots and resources available for patients that need the care ****

Please understand that you will be charged as stated per office cancellation policy, unless a valid reason can be provided.

Thanks,

Manish Tandon, MD, AGAF
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