

Patient's Name _____

You are scheduled for:

- Endoscopy
- Colonoscopy
- Flexible Sigmoidoscopy
- _____

Date _____ Please Arrive at _____

Expected Procedure Time _____

Special Instructions

Thank you for choosing Scripps Mercy Hospital Chula Vista for your endoscopy needs. Your physician and our staff are dedicated to providing you with excellent service, quality care and comfort. Your physician has asked that you please arrive at the hospital **one hour prior to your exam time**. This will allow our nursing staff to complete your health assessment and answer any questions you may have regarding your procedure. We ask that you allow 3 to 4 hours per visit.

We make every attempt to perform your exam at your scheduled time. However, circumstances may arise which could delay your procedure such as emergency or unexpected setbacks in your physicians' schedule. Please be assured that every effort will be made to ensure your experience is a pleasant one.

After your exam, you will be drowsy. Please make arrangements to have someone accompany you the day of your procedure and to transport you following your appointment. We will only be able to discharge you after verifying an adult is available to escort you after your appointment. You will receive written discharge instructions and a brief explanation of what occurred during your procedure from your nurse.

At your follow up visit your physician will explain any findings and your plan of care.

Once again, we thank you for allowing us to care for you. Please let us know if you have any additional questions.

