

APPOINTMENT DATE \_\_\_\_\_  
ARRIVAL TIME \_\_\_\_\_

**REGISTER 2<sup>ND</sup> FLOOR, SUITE 2400  
BELTWAY SURGERY CENTER AT SPRINGMILL**

PLEASE READ THE ATTACHED INSTRUCTIONS UPON RECEIPT. FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN AN INCOMPLETE TEST OR THE NEED TO RESCHEDULE YOUR PROCEDURE.

**\*\*Important\*\*** If you have an implanted electronic device such as a pacemaker, defibrillator or nerve stimulator, it is required that you provide us with the manufacturer, customer service phone number and diagnosis related to device. Patients with an implanted defibrillator should contact the pre procedure nurse (317-817-8052) two days prior to appointment and provide this information.

BSC-SPRINGMILL SURGERY CENTER  
200 WEST 103<sup>RD</sup> STREET SUITE 2400  
INDIANAPOLIS, IN 46290  
(317) 944-4782 SCHEDULING

**Local#(317) 428-4356 Long Distance# 855 884-2822 INSURANCE QUESTIONS  
(317) 817-8052 PREP NURSE and if you need to cancel the day of your procedure  
(317) 755-6267 PREP NURSE QUESTIONS AFTER BUSINESS HOURS**

THANK YOU FOR YOUR COOPERATION.

PROCEDURE CHECKLIST

- MEDICATION LIST AND HEALTH HISTORY FORMS COMPLETED
- PREP COMPLETED (IF NEEDED)
- DRIVER
- NAMES, ADDRESSES, PHONE AND FAX OF ALL DOCTORS YOU WANT TO RECEIVE A COPY OF REPORT
- COPY OF RELEVANT MEDICAL RECORDS FROM REFERRING PHYSICIAN OR OTHER FACILITIES
- INSURANCE CARDS AND DRIVERS LICENSE/ID
- INFORMATION CARDS FOR IMPLANTED DEVICES SUCH AS PACEMAKER/ICD

**Directions and Parking**

Beltway Surgery Center at SpringMill is located on the second floor of the IU Health building located at 200 W 103<sup>rd</sup> St, Indianapolis IN. Enter the building through Door #2, the west entrance with the canopy. Take the elevator to the 2<sup>nd</sup> floor. When you exit the elevator, make a right turn and the check-in desk is a short distance through the waiting room on your right.

# Upper Endoscopy Instructions

**PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM.**

## About Upper Endoscopy

An upper endoscopy is the examination of the lining of the esophagus, stomach and duodenum using an endoscope. You should plan to be at the surgery center 2-4 hours. It is critical that you follow the instructions as directed.

The physician will discuss your procedure with you when you are in the recovery room. If you had any biopsies taken, you will receive a letter in the mail with those results, usually 2-3 weeks after the procedure. If there are serious findings on the biopsy, your physician will contact you.

Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.

If you have any questions, please call (317) 817-8052 or if you need to cancel, please call (317) 944-4782 as soon as possible.

## What to Bring:

1. The completed enclosed forms.
2. The first and last name and address of all doctors you want to receive a copy of your procedure report.
3. Someone to drive you home. Sedation is usually given during your procedure. If using a taxi service and you receive sedation you must use a medical transport service if you will be by yourself. **If you have not arranged for someone to drive you home, your procedure will be cancelled.** The person who signs you out must be with you on the unit before you can be released. You will not be able to drive, operate machinery, make important decisions or return to work for the rest of the day. You may resume normal activities the next day unless the doctor states otherwise.
4. A copy of relevant medical records from your referring physician.
5. Your insurance cards. Many insurance carriers (not Medicare) and managed care organizations require preauthorization or precertification. To obtain coverage for these procedures, we recommend you contact your insurance company. As a courtesy we will make every attempt to obtain the authorization for these procedures. Please make sure we have your correct insurance information. If your insurance has changed or is inaccurate, please contact our authorization coordinators at Local # (317) 428-4356 or long distance # 855 884-2822.
6. If you require an interpreter, please call (317) 817-8052.

### Instructions for Upper Endoscopy

**Do not consume alcohol the day before your procedure.  
Do not eat or drink after midnight the night before your procedure is scheduled.**  
You may drink SIPS OF WATER ONLY with prescribed medications.

#### Patient Checklist

If you are affected by any of the conditions listed below, please follow these instructions.

Diabetes	Check with your physician regarding your dose of insulin and other diabetic medications needed the day of your procedure.
Hip or knee replacement in the past 6 months, vascular graft in the past year, coronary stent in the past 6 weeks	You may need antibiotics before your procedure. Please arrive two hours before your scheduled procedure time. Do not schedule your procedure before 8am. Please inform the nurse and your physician.
Aspirin	If you are taking aspirin <b>PRESCRIBED</b> by your MD, please continue to take it. If you do not have a heart, blood vessel or clotting disorder and you are taking aspirin on your own without a doctor's advice, please stop taking aspirin 5 days before your procedure.
Coumadin, Plavix, Heparin, Lovenox or other anticoagulants	Ask the physician who prescribed your medicine how to take it before and after your procedure. If you cannot contact your physician, call us several days before your exam. If you take Coumadin, you may need a blood test two hours before your exam. <i><u>Please do not assume that you can safely follow the same medication adjustments that have been made for your previous procedures.</u></i>

#### What to Wear

Wear comfortable, loose fitting clothing. Wear flat shoes or tennis shoes. Do not wear jewelry or bring valuables.

**DO NOT WEAR CONTACT LENSES THE DAY OF YOUR PROCEDURE.**

#### Research Studies:

Some patients who come to the endoscopy unit are asked to participate in a research study. If you are asked to participate, the study purpose and procedures will be explained to you. You have the right to decline participation. Declining participation will not affect the interest the doctors have in your case. The doctors at the endoscopy center are typically involved in research studies on how to improve endoscopy.

Beltway Surgery Center at SpringMill

Name: \_\_\_\_\_

PATIENT INFORMATION

WE REQUEST EACH PATIENT FILL OUT THE FOLLOWING INFORMATION AND BRING IT TO THE SURGERY CENTER THE DAY OF YOUR PROCEDURE.

Please list all allergies	Type of reaction
1	
2	
3	
4	
5	

Medication	Dosage	Times per day	Reason taken
1			
2			
3			
4			
5			

Please list all surgeries	Date	Note any complications
1		
2		
3		
4		
5		

Beltway Surgery Center at SpringMill

Name: \_\_\_\_\_

Please indicate primary care &/or referring physician who should receive a procedure report.

Primary Care Physician:
Name:
Address:
City/Zip:
Phone:



Referring Physician:
Name:
Address:
City/Zip:
Phone: