

APPOINTMENT INFORMATION

Your appointment date is _____

The procedure you are having is circled below:

Upper Endoscopy Colonoscopy Sigmoidoscopy

The location is the *Indiana Surgery Center at Community Hospital East*. (see map below)

You should arrive at _____ with your procedure taking place approximately 45 minutes later. You will be at your appointment for 1 ½ to 2 hours. If possible, please do not bring small children to your appointment.

SPECIAL INSTRUCTIONS

YOU MUST HAVE SOMEONE TO DRIVE YOU HOME IF SEDATION IS TO BE GIVEN. If you do not have a Driver, your procedure will not be performed.

IF YOU ARE HAVING A COLONOSCOPY, YOU MUST BEGIN THE PREP THE DAY BEFORE YOUR EXAM. The prep instructions for colonoscopy are attached. Please read carefully and obtain items from the pharmacy.

IF YOU ARE HAVING A SCOPE EXAM OF YOUR ESOPHAGUS AND STOMACH, PLEASE HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT.

**Indiana Surgery Center
Community Hospital East
1500 N Ritter Ave
Indianapolis, IN 46219**

Please call **317-355-1144**
for any questions or
difficulty with your prep.

**Please enter through the
Indiana Surgery Center
entrance and follow signs
to the Endoscopy Unit
which is located in main
surgery waiting room.**