

925 Clifton Avenue, Suite 100 Clifton New Jersey 07013 P: 973-798-6900 F: 973-405-6435 affiliatedendo.com

INSTRUCTIONS FOR PROCEDURE

Your procedure is scheduled for	at Affiliated Endoscopy Services of Clifton
	925 Clifton Ave. Suite 100 (Ground Floor)
	Clifton, NJ 07013 Tel. 973-798-6900
• You will receive a text message or telephone call before your procedure.	confirming your appointment and time of arrival the day
• The Endoscopy Center's policy requires an adu	ult to escort you to the center and stay at the center to
drive you home.	
• You may have NOTHING to eat or drink after m	idnight the night before your procedure.
DO NOT take Aspirin for days, Plavix for	days or Coumadin for days prior to your
exam.	
• On the day of your procedure, you may take any h	neart medication, blood pressure medication, and or
seizure medication with a small sip of water in the	e morning. You may use inhalers for asthma or COPD if
this is normal routine, and please bring your inhal	ers with you. Diabetic patients on insulin should check
with their physician for instructions before proced	lure.
 Notify the Endoscopy staff if you have any <u>pacer</u> 	nakers, defibrillators, artificial joints, heart valves
problems, or replaced valves.	
 Notify your physicians office if you take any weight 	ght loss medication. (Example: Ozempic)
• Women of childbearing age will need to provide a	urine sample just prior to your procedure.
 Remove all body piercing and leave all jewelry ar 	nd valuables at home. We will not be responsible for
any loss of valuables.	
 Please call your physician's office if you are unab 	le to keep your appointment.
• The day of your procedure, you will be given a fo	lder with post-procedure instructions from your
physician.	
• On the day of your procedure bring a list of the m	edication you take daily, insurance cards, picture ID and
your registration package forms.	
 Please read all instructions carefully, please feel fi 	ree to contact us at 973-798-6900 or your physician's
office for any questions.	
• Anticipated length of stay 1-2 1/2 hours.	
• No use of recreational drugs for at least 12 hours 1	prior to your procedure
 Patient Financial Responsibility: 	
To better assist you please contact your insurance poli-	cy regarding any out-of-pocket expenses such as copays,
	the providers professional costs, anesthesia and pathology are
not included in the facility charges.	
I have need and calmousledged all instructions for my	and and the same
I have read and acknowledged all instructions for my p	n oceani e.
Patient Signature	Date
i auciii bigiiatui c	Date