

Welcome to Central Illinois Endoscopy Center! Thank you for choosing us for your procedure. We appreciate your trust in us and look forward to working with you.

All of the enclosed information is important but we want to draw your attention specifically to the following points and your specific procedure instructions on the back of this page:

✓ **PROPER PRE-PROCEDURE PREPARATION** – The main key to a successful procedure is to follow the enclosed prep instructions including the clear liquid diet. These instructions are based on our years of experience on what works best and provides our team with the greatest opportunity for a successful procedure.

✓ **DRIVER** – If you have elected to be sedated for your procedure, you will not be allowed to leave our facility without a driver (**NOT A TAXI**). We require the driver to be present in our facility during the entire procedure time (approximately 2 hours from check in to completion). The doctor will need to speak with your driver after the procedure to provide additional information and instructions.

✓ **NO EATING, DRINKING, CHEWING GUM OR MINTS** – Do not have anything by mouth 4 hours prior to the Colonoscopy procedure, nothing by mouth after midnight prior to Upper Endoscopy. If having both procedures at the same time, NOTHING by mouth including water 4 hours prior to both procedures. **NO SMOKING DAY OF PROCEDURE.**

✓ **IDENTIFICATION** – Please arrive with your drivers license and insurance card so that they can be scanned for your file.

✓ **UNDERSTANDING YOUR PROCEDURE** – Please review the information on the back of this page and in the enclosed booklet

✓ **PREGNANCY TEST** – Any female under age 55, who have not been through menopause, not had a hysterectomy, & has had a menstrual period within the last year will be required to do a urine pregnancy test prior to procedure.

CALL WITH QUESTIONS RELATED TO:

- Procedure or Prep Instructions: On Call Nurse **309.370.6838**
- Picking up your Prep at the Pharmacy **309.672.4980**
- Rescheduling or Cancelling your Procedure: **309.672.4980**

YOUR PROCEDURE IS SCHEDULED AT:

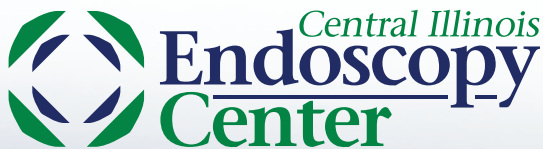
CENTRAL ILLINOIS ENDOSCOPY CENTER

Illinois Medical Center | 1001 Main St., Suite 500B, Peoria, IL 61606

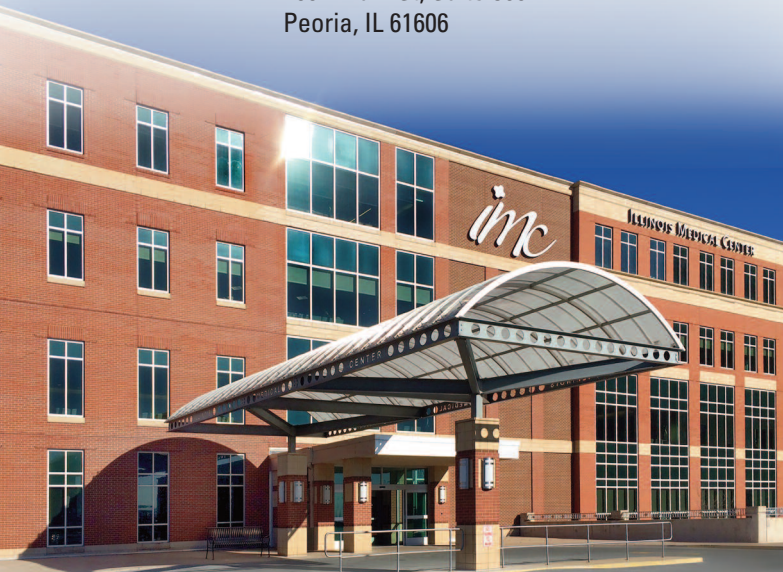
WITH DOCTOR: _____

DATE: _____

PLEASE ARRIVE ON TIME AT: _____



Illinois Medical Center
1001 Main St, Suite 500B
Peoria, IL 61606



Your First Step in Colon Cancer Prevention

**TIME SENSITIVE
INSTRUCTIONS
OPEN IMMEDIATELY
& READ.**