Garden State Endoscopy & Surgery Center

200 Sheffield St. Suite 101
Mountainside, NJ 07092
Tel: 908-241-8900 / Fax: 908-241-8933

SCA Health

TO OUR VALUED PATIENT

Welcome to Garden State Endoscopy & Surgery Center

A staff member from the Garden State Endoscopy Center will contact you the day prior to your scheduled procedure to inform you of the time you must arrive at the center. Please make sure your physician's office has your updated cellphone and home telephone numbers.

- Please arrive 1 hour before the scheduled procedure time. Prompt arrival is important to complete the required registration and admission process.
- Your anticipated overall length of stay at the Center is approximately three {3} hours. A responsible adult needs to drive you to the facility and pick you up post procedure, as you will NOT be allowed to drive for at least 8 Hours post receiving Anesthesia. Please arrange your transportation accordingly. The driver / companion will be called in advance with instructions regarding the time of Pick-Up and location.

  Building Management's Instructions: Please note that the Lobby is not a waiting room and the patient's companion should not loiter in the lobby. The driver / companion can choose to wait in our waiting area or can leave.
- Please bring your insurance cards and a picture ID with proof of address on your procedure day.
- Please ensure to bring the full amount of "copay" due at the time of service to avoid any disruptions in your care. For deductibles of 1000$ or higher, we request a 200$ deposit. We understand that financial situations can be challenging. We offer "Payment Plans" to help manage your financial responsibility. To set up a payment plan, we will need a credit card on file.
- On the day of your procedure, upon your arrival at our facility, you will be asked to sign electronically several **CONSENTS / NOTICES / DISCLOSURES**. We Strongly Recommend that you review all information in advance on our website: https://gardenstateendoscopy.com/patient-forms. If you have any questions in regards to these forms, please do not hesitate to contact us. ***Patient's Consent to the below DISCLOSURES, NOTICES and ACKNOWLEGEMENTS is required in order to guarantee treatment.***

  ● PATIENTS' RIGHTS AND RESPONSIBILITIES ● NOTICE OF PRIVACY PRACTICES ● INFORMATION ON ADVANCE DIRECTIVES ● PATIENT ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY ● PHYSICIAN OWNERSHIP DISCLOSURE ● NOTICE OF NONDISCREMENATION ● POLICY REGARDING JEWELRY AND RELEASE OF RESPONSIBILITY
- IT IS VERY IMPORTANT THAT YOU FOLLOW OUR FACILITY'S NPO AND MEDICATIONS GUIDANCE. Please give us a call if you have any questions/concerns with regards to your medications. Your procedure may be cancelled if instructions are not followed. ***You can ask your physician's office for an updated copy of NPO and Medications Guidance.***
- To avoid any cancellations of your procedure, please contact us immediately if you experience any medical problems and/or see a specialist after the visit with your GI physician.
- We are requesting that you complete the attached patient medication and cardiac history sheet. It is important for us to receive this information prior to your procedure to prepare for your care.

We appreciate your cooperation, and we look forward to providing you excellent care on the day of your procedure.

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Patient's Name: _____ **Cellphone:** _____

Pharmacy: _____ **Pharmacy Address** _____

Allergies: _____

Please include a list of your current medications including herbal supplements, as well as regular and occasionally used prescription and over the counter drugs

Medication	Dosage (mg, ml, units)	Frequency	Date of Last Dose

PATIENT CARDIOVASCULAR HISTORY

Patient cardiologist/Heart Doctor: _____ Phone_____

Have you ever had?

_____.A Heart attack _____

____ A Pacemaker or Defibrillator _____

____ An Echocardiogram/EKG _____

____ Cardiac Catherization (balloon) _____

____ Coronary Stent Placement _____

____ Coronary Bypass Surgery _____

____ Coronary Valve Placement _____

____ Stress Test _____