

BRIAN F. SWEENEY JR. M.D & MICHELLE L. RANDOLPH MD.
4048 LAUREL ST. STE. 301
ANCHORAGE, AK 99508
PHONE (907) 562-2928 FAX (907) 563-4848

PREPARATION FOR UPPER ENDOSCOPY

YOU ARE SCHEDULED FOR : ____ / ____ / ____ TIME ____ AM ____ PM

___ PROVIDENCE DAY SURGERY: 212-3149

___ AK REGIONAL HOSPITAL: 264-1952

___ AK DIGESTIVE CENTER: 4048 LAUREL ST STE 103 A 563-1750

(Our physicians have an ownership interest in this facility.)

PLEASE CHECK IN AT THE FACILITY AT : ____ AM ____ PM

PLEASE PRE-REGISTER WITH THE FACILITY 72 HOURS IN ADVANCE.

IF YOUR PROCEDURE IS BEFORE 12:00 NOON:

***EAT OR DRINK NOTHING AFTER MIDNIGHT THE NIGHT BEFORE**

IF YOUR PROCEDURE IS TO BE DONE AFTER 12:00:

***YOU MAY HAVE A CLEAR LIQUID BREAKFAST: coffee (no milk or cream), tea, clear juice, soup broth, jello and popsicles UP TO 8:00 AM THE MORNING OF YOUR PROCEDURE.**

YOU WILL BE GIVEN A SEDATION PRIOR TO THE PROCEDURE AND WILL BE UNABLE TO DRIVE YOURSELF HOME. **PLEASE MAKE THE PROPER ARRANGEMENTS FOR SOMEONE YOU KNOW TO DRIVE YOU HOME AND STAY WITH YOU.** FAILURE TO MAKE THESE ARRANGEMENTS COULD RESULT IN THE CANCELLATION OF YOUR PROCEDURE. DO NOT PLAN ON GOING BACK TO WORK AFTER YOUR PROCEDURE

YOUR RESULTS APPOINTMENT IS SCHEDULED FOR:

DATE ____ / ____ / ____ AT: ____ AM ____ PM

THE PHYSICIAN FEE FOR THE ENDOSCOPY WILL BE AT LEAST \$1,200.00 AND MAY BE HIGHER IF BIOPSIES OR OTHER PROCEDURES ARE PERFORMED. THERE IS A SEPARATE FEE FOR THE FACILITY. THERE MAY ALSO BE A SEPARATE FEE FOR PATHOLOGY IF TISSUE IS REMOVED.