

St Francis GI endo Center
360 Bloomfield Ave suite 204
Windsor, CT 860-683-9991 ext 106

Bloomfield Surg Center
580 Cottage Grove Rd suite 211
860-242-2193

Manchester Hospital
4 Guard St
860-647-6464

Endoscopy date: _____ ARRIVAL time: _____

**** TELL YOUR GI PROVIDER IF YOU ARE ON ANY BLOOD THINNERS SUCH AS: PLAVIX, COUMADIN, ELIQUIS, XARELTO, BRILINTA .. ETC- ALSO SPEAK TO YOUR PCP/CARDIOLOGIST ABOUT STOPPING YOUR BLOOD THINNER MEDICATION(S) PRIOR TO THE PROCEDURE****

- Please eat a light dinner the night before your procedure such as: (thin soups, cereal, toast or oatmeal)
- Do not eat anything after midnight the night before your procedure.

PLEASE NOTE- WE REQUIRE A 5 (FIVE) BUSINESS DAYS CANCELLATION/RESCHEDULING NOTICE OR A FEE OF \$100.00 WILL BE BILLED TO THE PATIENT.

You are responsible for checking your full coverage or any out-of-pocket expenses with your insurance carrier before your procedure.

Endoscopy codes: 43239, 43235