



7668 Airways Blvd
Southaven, Mississippi 38671

1310 Wolf Park Drive
Germantown, Tennessee 38138

G.I. Diagnostic and Therapeutic Center, L.L.C.

UPPER ENDOSCOPY AND COLONOSCOPY PATIENT INFORMATION PACKET

You have been scheduled for an endoscopic exam.

It is very important that you read the enclosed information and instructions.

Please read all the instructions carefully several days prior to your procedure.

1

Arrive on time for your procedure at the Endoscopy Center

7668 Airways Blvd.
Bldg. B
Southaven, MS
(662) 349-6950
(901) 766-9490

1310 Wolf Park Drive
Germantown, TN 38138
(901) 624-5151

_____ Hospital

at _____ A.M. _____ P.M.

on _____

2

Follow the instructions
regarding food and drink in
order to have your procedure.

3

Have your
driver stay
in the
Endoscopy
Center.

If you are having a colonoscopy, make sure you obtain the prep medications
several days prior to your procedure.

You may receive a telephone call from our anesthesia services
several days before your procedure to review your medical history.

You will be called prior to your appointment and notified
of your financial responsibility.

If you have any questions (even after office hours),
please call your physician's office or the physician on call.



GENERAL INSTRUCTIONS

1. **Bring a driver.** Your driver must stay in the Endoscopy Center. You will be given a sedative for your test and you are not to drive until the next day. Therefore, one person must stay and drive you home. **Your procedure will be rescheduled if your driver cannot stay in the Center.**
2. *Notify us in advance if you are taking insulin* (or other diabetic medications) or blood thinners prescribed by a physician (such as Coumadin, Plavix or Ticlid).
3. *Notify us in advance* if there is a possibility you are pregnant or you are nursing.
4. *Notify us in advance* if you are allergic to eggs or latex.
5. *Notify us in advance if you* have ever had excessive bleeding after an operation or if you have had problems with anesthesia.
6. *Take your usual prescribed medications* with no more than 2 tablespoons of water up to 1 hour prior to your scheduled arrival time.
7. *Do not take* iron, diet pills or herbal medications for **7 days** prior to having your procedure. You may take vitamins with iron.
8. *Do not take* any prescription blood thinners for **5 days** prior to having your procedure, unless otherwise instructed. You may continue to take aspirin as usual.
9. *If you are a diabetic*, do not take your diabetic medication the day of your procedure. Bring your medication with you so you can take it after your procedure.
10. *Bring* either all your medications or a list of your medications with you. If you have asthma make sure you bring your inhalers.
11. *Leave your valuables at home.*
12. *If you need to reschedule* your procedure, please call your physician's office at least 3-4 days in advance so that we may schedule another patient in your appointment time.
13. *Do not drink alcohol* for 24 hours before or after your procedure.
14. If you have dentures you will be required to remove them prior to your procedure.
15. If you have body piercings you will be required to remove them prior to your procedure.



UPPER ENDOSCOPY DIET INSTRUCTIONS

If you are only having an upper endoscopy, please follow these instructions.

If you are having both an upper endoscopy and a colonoscopy, follow the colonoscopy diet instructions on the next page.

- 1** **DIET - THE DAY BEFORE YOUR PROCEDURE**
You may have your usual food up until midnight.
- 2** **DIET - THE DAY OF YOUR PROCEDURE**
If your arrival time is **before 12:00 noon** do not eat or drink anything after midnight.
OR
If your arrival time is **12:00 noon or later** you may have clear liquids (as listed below) until 8:00 A.M.
- 3** **MEDICATIONS - THE DAY OF YOUR PROCEDURE**
You should take your prescribed medications (except those not allowed on the general instructions page) with no more than 2 tablespoons of water up to 1 hour before your arrival time.
- 4** **FOLLOW ALL INSTRUCTIONS.** Failure to follow all instructions will delay your procedure or result in the rescheduling of your procedure.

CLEAR LIQUIDS ONLY - NO MILK PRODUCTS

Patients scheduled to arrive before 12:00 noon may not have anything to eat or drink after midnight. Patients scheduled to arrive at 12:00 noon or later may have clear liquids until 8:00 a.m. the day of the procedure.

WATER

CHICKEN OR BEEF FLAVORED BROTH

POPSICLES WITHOUT MILK/DAIRY PRODUCTS (No popsicles red or purple in color, such as strawberry, cherry, or grape flavors)

JELLO..... (No Jello red or purple in color, such as strawberry, cherry, or grape flavors)

COFFEE OR TEA sugar, lemon and artificial sweeteners are allowed (No cream or artificial creamers)

COLAS (No drinks red or purple in color, such as strawberry, cherry or grape flavors)

NON-CARBONATED DRINKS such as Kool-Aid, Country Time, Gatorade, Crystal Light (No drinks red or purple in color, such as strawberry, cherry or grape flavors)

JUICES clear juices such as apple or white grape (No thick juices such as orange or pineapple, No juices red or purple in color, such as strawberry, cherry or grape flavors)



COLONOSCOPY DIET INSTRUCTIONS

If you are having only a colonoscopy or both an upper endoscopy and a colonoscopy, follow these instructions.

1 **DIET - THE DAY BEFORE YOUR PROCEDURE**
You must have only clear liquids the entire day before your procedure. If you have eaten any solid food the day before your procedure Do Not Prep, and call your physician's office to reschedule your procedure.

2 **DIET - THE DAY OF YOUR PROCEDURE**
If your arrival time is **before 12:00 noon** do not eat or drink anything after midnight.
OR
If your arrival time is **12:00 noon or later** you may have clear liquids (as listed below) until 8:00 A.M.

3 **MEDICATIONS - THE DAY OF YOUR PROCEDURE**
You should take your prescribed medications (except those not allowed on the general instruction page) with no more than 2 tablespoons of water up to 1 hour before your arrival time.

4 **FOLLOW ALL INSTRUCTIONS.** Failure to follow all instructions will delay your procedure or result in the rescheduling of your procedure.

CLEAR LIQUIDS ONLY - NO MILK PRODUCTS

If you have eaten any solid food the day before your procedure Do Not Prep, and call your physician's office to reschedule your procedure.

Patients scheduled to arrive before 12:00 noon may not have anything to eat or drink after midnight. Patients scheduled to arrive at 12:00 noon or later may have clear liquids until 8:00 a.m. the day of the procedure.

WATER

CHICKEN OR BEEF FLAVORED BROTH

POPSICLES WITHOUT MILK/DAIRY PRODUCTS (No popsicles red or purple in color, such as strawberry, cherry, or grape flavors)

JELLO (No Jello red or purple in color, such as strawberry, cherry, or grape flavors)

COFFEE OR TEA sugar, lemon and artificial sweeteners are allowed (No cream or artificial creamers)

COLAS (No drinks red or purple in color, such as strawberry, cherry or grape flavors)

NON-CARBONATED DRINKS such as Kool-Aid, Country Time, Gatorade, Crystal Light (No drinks red or purple in color, such as strawberry, cherry or grape flavors)

JUICES clear juices such as apple or white grape (No thick juices such as orange or pineapple, No juices red or purple in color, such as strawberry, cherry or grape flavors)



ABOUT OUR FACILITY

In the G.I. Diagnostic and Therapeutic Center, L.L.C. our physicians perform endoscopic procedures which allow them to examine the upper and lower GI tracts. An endoscopic procedure is a procedure which is used to assist your physician in diagnosing and treating your illness. This is usually performed in an outpatient Endoscopy Center. Some insurance companies however, regard these tests as outpatient surgery. If your insurance carrier falls into this group, you may be required to pay a deductible for this service. Please familiarize yourself with your healthcare coverage.

The endoscopic examination which you will have will be performed in **G.I. Diagnostic and Therapeutic Center, L.L.C.** Our Endoscopy Center is the equivalent of any hospital-based outpatient facility, and, for this reason, a facility fee for each procedure performed will be charged for the use of the **G.I. Diagnostic and Therapeutic Center, L.L. C.**, just as a hospital would charge for the use of its facilities.

In addition to the facility charge, you will also receive a charge from **Gastroenterology Center of the MidSouth, P.C.** for professional services provided by your physician for the endoscopic examination(s). The Endoscopy Center is owned by the physicians of the Gastroenterology Center of the Midsouth, P.C.

These charges will be submitted separately to your insurance company for consideration for payment according to the terms of your insurance plan. You will receive one statement from the **Gastroenterology Center of the MidSouth, P. C.** and a separate one from **G. I. Diagnostic and Therapeutic Center, L.L.C.** If you have any questions about these statements, please call our billing office at 901-684-5510.

You may also receive a statement for services provided by a Certified Registered Nurse Anesthetist (CRNA), the provider of anesthesia/sedation for your procedure. If you have any questions regarding the anesthesia/sedation services please call either 901-753-8370 or 1-800-274-7777.

You may also receive a statement from a Pathologist if tissue is removed during the course of your exam and submitted for interpretation.

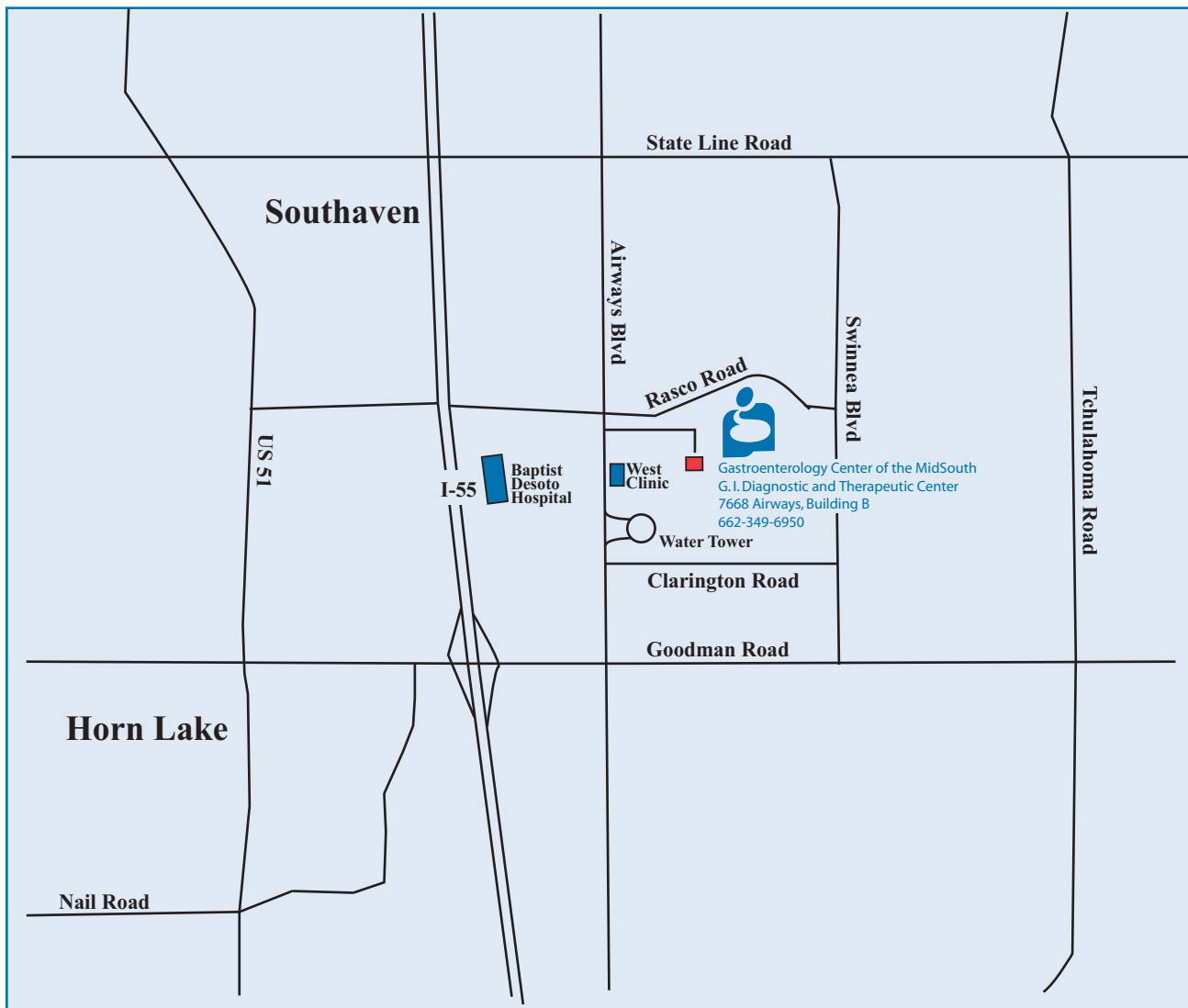
Separate statements for anesthesia/sedation and pathology services will be submitted to you, and claims to your insurance company will be filed by the respective providers for consideration for payment according to the terms of your insurance plan.

After the endoscopic examination, a staff member will give you an encounter form listing the facility fee and the professional fee. Please keep these for your records, and feel free to ask any questions that might arise.



MAP OF OUR LOCATION

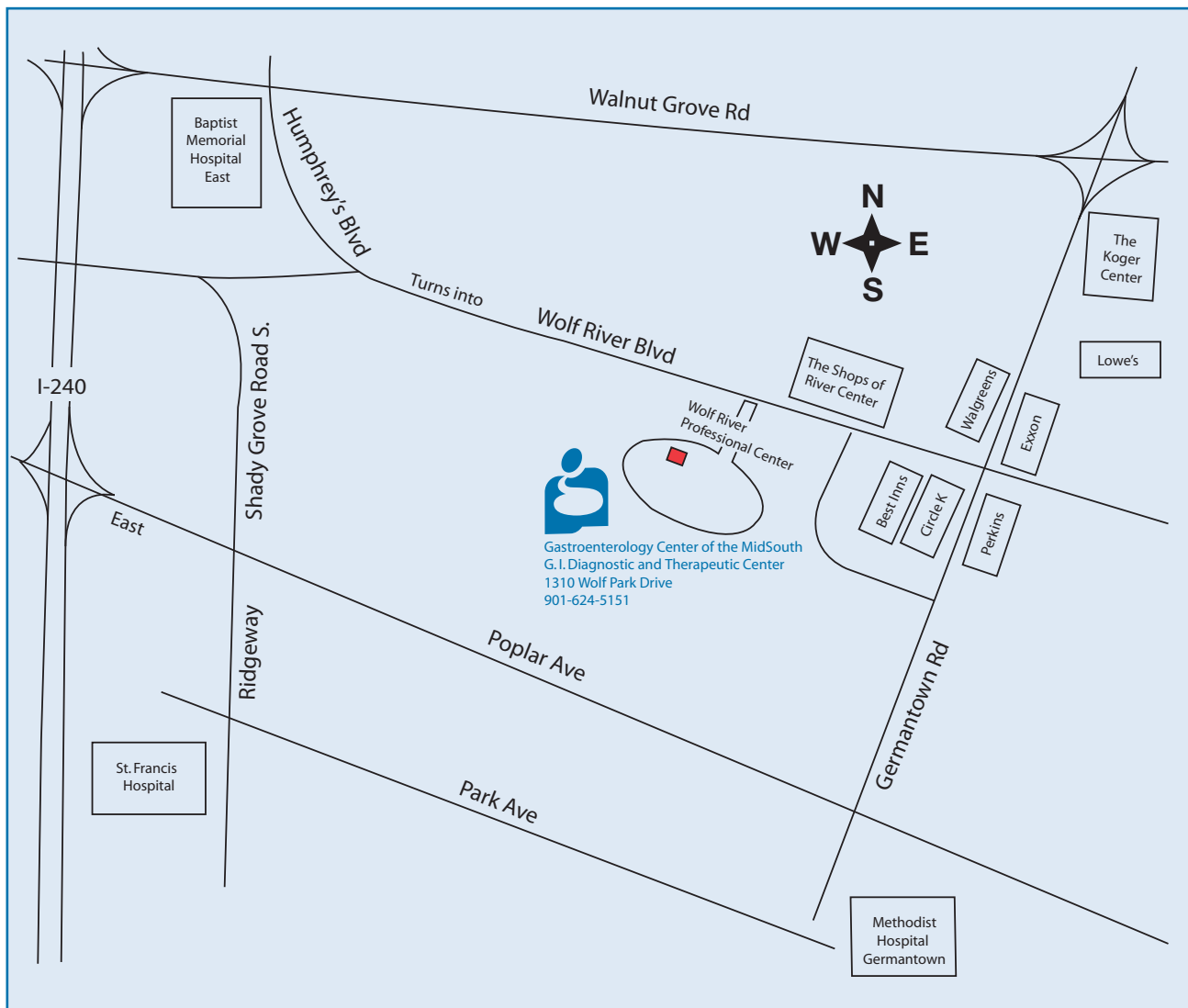
7668 Airways Blvd Southaven, Mississippi 38671





MAP OF OUR LOCATION

1310 Wolf Park Drive Germantown, Tennessee 38138



Gastroenterology Center of the MidSouth, P.C. G. I. Diagnostic and Therapeutic Center, L.L.C.

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY

NAME _____

EXPLANATION OF PROCEDURE AND RISKS

Gastrointestinal Endoscopy is the examination of the digestive tract with lighted instruments. At the time of the examination, the inside lining of the G.I. tract will be inspected thoroughly and may be photographed. A small portion of tissue may be removed for microscopic study, or the tissue may be brushed or washed to collect cells for a special study. Polyps may be removed. A narrowed portion of the digestive tract can be stretched or dilated to a more normal size.

The principal risks of Gastrointestinal Endoscopy are (1) injury to the digestive tract by the instruments which may result in perforation or bleeding and which may require surgery for control or repair; (2) reaction to medication used; and (3) complications from associated diseases which you may have; (4) dental damage; and (5) death.

GCMS/ GI Diagnostic and Therapeutic Center, LLC does not assume responsibility for any dental related injury or damage.

All of these complications are possible but occur infrequently. We will be glad to discuss these risks with you further with special reference to your own indications for gastrointestinal endoscopy.

ALTERNATIVES TO ENDOSCOPY

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100% accurate. In a small percentage of cases a failure to diagnosis or a misdiagnosis may result.

Other diagnostic or therapeutic procedures, such as medical treatment, x-ray, and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

BRIEF DESCRIPTION OF PROCEDURES

EGD (esophagogastroduodenoscopy) is the examination of the esophagus, stomach and duodenum.

ESOPHAGEAL DILATION is the stretching of a narrowed portion of the esophagus with a dilator.

FLEXIBLE SIGMOIDOSCOPY is the examination of the anus, rectum, and left colon.

COLONOSCOPY is the examination of the entire colon.

POLYPECTOMY is the removal of small growths, called polyps, with the use of a wire loop and electric current.

BLOOD PRODUCTS are not administered in this facility.

CONSENT

I certify that I understand the information regarding Gastrointestinal Endoscopy and that I have been fully informed of the risks, benefits, complications, and alternatives associated with the procedure (s) and sedation. I consent to the taking and publication of any photographs obtained in the course of this procedure for the purpose of treatment and medical education.

I hereby authorize and permit _____ M.D.
and whomever he may designate as his assistant(s) to perform upon me the procedure of:

If any unforeseen condition(s) arises during this procedure, I request that the physician perform any additional procedures, operations, or administer medications/treatments that may be deemed medically necessary and/or appropriate.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the result of the procedure.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____



PATIENT RIGHTS AND RESPONSIBILITIES

The Endoscopy Center personnel, clinic personnel, and medical staff have adopted the following list of patient rights. A list of these patient rights is posted in the reception area of each facility. All personnel shall observe these patient rights. Patients shall be informed of both their rights and responsibilities.

Patient Rights

1. Patients are treated with respect, consideration and dignity.
2. Patients are provided appropriate privacy.
3. Patients have the right to be free from both mental and physical abuse.
4. Patients have the right to have an appropriate assessment and management of pain.
5. Patients have the right of self-determination, which encompasses the right to make choices regarding life-sustaining treatment or care. Patients are informed of GCMS' policy to utilize resuscitative measures if necessary, when procedures are performed in our endoscopic facilities. Patients have the right to schedule procedures at an alternative facility.
6. Patient disclosures and records are treated confidentially, and, except when required by law, patients are given the opportunity to approve or refuse their release.
7. Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
8. Patients are given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
9. Information is available to patients and staff concerning: patient rights, including those specifically mentioned above, patient conduct and responsibilities, services available at the organization, provisions for after-hours and emergency care, fees for service, payment policies, patient's right to refuse to participate in research, advance directive, and the credentialing of healthcare professionals.
10. Patients are informed of their right to change physicians.
11. Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
12. Patients are provided with appropriate information regarding the absence of malpractice insurance coverage.
13. Patients are informed about procedures for expressing suggestions to the organization and policies regarding grievance procedures and external appeals, as required by state and federal law regulations.
14. Patients shall have the right to exercise all patient rights without regard to gender, cultural, economic, educational or religious background or the source of payment for his/her care.
15. Patients shall have the right to the knowledge of the physician who has primary responsibility for coordinating his/her care and the names of the professional relationships of other physicians and non-physicians who will see him/her.
16. Patients shall receive information from his/her physician about his/her illness, course of treatment, and prospects for recovery in terms he/she can understand.
17. The patient shall receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
18. The patient has the right to be interviewed and examined in surroundings designed to assure reasonable privacy. This includes the right to have a person of one's own gender present during certain parts of a physical examination, treatment, or procedure performed by a health care professional of the opposite sex; and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which the patient was asked to disrobe.



PATIENT RIGHTS AND RESPONSIBILITIES

19. When a patient does not speak or understand the predominant language of the community, he/she should have access to an interpreter.
20. Patients shall actively participate in decisions regarding their medical care, to the extent permitted by law this includes the right to refuse treatment.
21. Patients shall have full consideration of privacy concerning their medical care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual.
22. Patients' records and treatment communications shall be treated confidentially. The patient's written authorization shall be obtain before his/her medical records are disclosed to anyone other than for treatment, payment, or healthcare operations.
23. Patients are entitled to reasonable responses to a reasonable request he/she may make for service.
24. Patients have the right to leave the facility even against the advice of his/her physician.
25. Patients have the right to reasonable continuity of care and to know in advance the time, location of the appointment, and the name of the physician providing the care.
26. In the event a GCMS entity is unable to render medical care, a complete explanation regarding the need to transfer to another facility or physician will be discussed with the patient and/or their personal representative.
27. Patients shall be advised that if his/her physician proposes to engage in or perform human experimentation affecting his/her care or treatment, the patient has the right to refuse to participate in such research projects.
28. Patients have the right to be informed by their physician or a delegate of his/her physician of the continuing health care requirements following discharge from a GCMS facility.
29. Patients have the right to receive an explanation of his/her bill, regardless of the source of payment.
30. Patients have the right to know the rules and policies which apply to their conduct while a patient of GCMS.
31. Patient rights apply to the patient as well as to the person who has the legal responsibility to make decisions regarding medical care on behalf of the patient (personal representative).

Patient Responsibilities

The care a patient receives depends partially on the patient himself/herself. Therefore, in addition to patient rights, a patient has certain responsibilities. These responsibilities are presented to the patient in the spirit of mutual trust and respect.

1. Patients must provide accurate and complete information concerning their present complaints, past medical history and other issues related to their health.
2. The patient is responsible for making it known whether he/she clearly comprehends the course of medical treatment and what is expected of him/ or her.
3. The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
4. The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
5. The patient is responsible for his/her actions should he/she refuse treatment or does not follow his/her physician's orders.
6. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
7. The patient is responsible for being considerate of the rights of other patients and facility personnel.
8. The patient is responsible for being respectful of his/her personal property and the property of other persons in the facility.



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