



Rochester

Endoscopy & Surgery Center

PREPARING FOR YOUR VISIT

**1349 S. Rochester Road; Suite 150 (Located just South of Avon, East side of Rochester Road
Between Chrysler Dealership and Fifth Third Bank)**

Phone: (248) 844-3800 Fax: (248) 853-7833

We're pleased your physician has chosen the Center for your procedure and welcome you as a patient. Here's a checklist of how to assure we can register and care for you promptly.

- ☐ Follow all pre-procedure preparation instructions.
- ☐ Fill out the information below, and bring this completed sheet with you.
- ☐ A responsible adult must accompany you and drive you home.
- ☐ Dress in comfortable, loose clothing and leave your valuables at home.
- ☐ Bring your health insurance card and driver's license or ID card with you.

Your first and last name: _____

Your referring (primary) doctor: (Name, Address, Telephone, FAX):

Do you have any allergies or sensitivities to any drugs or materials?

- ☐ NO
- ☐ YES; Please list: _____

Please list all medications you now take (including non-prescription ones, such as **aspirin**).

MEDICATION NAME & DOSAGE

DATE LAST TAKEN

PAST SURGERIES
