

Endoscopy Instructions

Your procedure is scheduled on ____ / ____ at ____: ____ am/pm

Check in time: ____: ____ am/pm

Woodburn Endoscopy Center
3301 Woodburn Rd Suite 109
Annandale, VA 22003
(703) 752-2557

Virginia Hospital Center
1635 N. George Mason Dr Suite 205
Arlington, VA 22205
(703) 558-6406

McLean Surgery Center
7601 Lewinsville Rd Suite 440
McLean, VA 22102
(703) 663-1428



Go to www.woodburnendoscopy.com
Click "For Patient" tab at the top
Print and Fill-in all 4 "Patient Check-In Forms"



Go to www.onemedicalpassport.com to complete your medical history. Upon completion of your medical history, please contact (703) 663-1428 for phone interview with pre-op nurse.

****If your procedure is scheduled at 2:00 p.m. Or after your ride MUST remain at the facility during your procedure****

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Cancellation and Insurance Changes Policy:

- Cancellations and/or rescheduling procedures within **seven (7) business days** incur a **\$350** charge. This charge is not covered by insurance. If you need to cancel, please call our office at (703) 876-0437.
- Please notify our office at least **one (1) week** prior to your procedure if there are any changes in your insurance plan. Failure to do so may result in cancellation and/or rescheduling of your procedure as we may not be able to obtain prior authorization in a timely manner.

The Day of your Endoscopy	<ul style="list-style-type: none">• TAKE <u>NOTHING</u> BY MOUTH STARTING FROM MIDNIGHT THE NIGHT BEFORE YOUR ENDOSCOPY. This means <u>NO</u> eating, drinking, smoking or chewing gum. (You may take your regular medications that morning with a small sip of water)
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- You must have someone to drive you home or accompany you home on public transportation.
- If your procedure is scheduled at **Woodburn Endoscopy Center** and is scheduled for 2:00pm or later, your driver must remain at the facility during the procedure. You must not drive or be responsible for important decisions until the morning after your procedure.
- If your procedure is scheduled at **McLean Surgery Center**, your driver must remain at the facility during your procedure.

You are scheduled for a follow-up to discuss the results of your Endoscopy on:

____ / ____ at ____: ____ am/pm

Stafford S. Goldstein, M.D., F.A.C.P. • Martin G. Prosky, M.D. F.A.C.P. • Srikrishna Vemana, M.D. • Katie Zimmerman, C.R.N.P.

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