



Patient Name: _____

Exam: _____

Procedure Date: _____

Dr. John Alvarez
PH#(210)242-0256

YOU ARE NOT ABLE TO DRIVE YOURSELF TO PROCEDURE , YOU NEED AN ADULT 18+ TO SIGN YOU OUT , IF NOT, YOU WILL BE RESCHEDULED !

SONTERRA

150 E. Sonterra Blvd , Suite 110

DOWNTOWN

520 E. Euclid

MEDICAL CENTER

2833 Babcock Rd, Suite 100 , Tower 2

METHODIST PLAZA

4499 Medical Dr, Sub-Level 1 Garage

CHRISTUS SANTA ROSA-MED CENTER

2827 Babcock Road, Main Hospital

METHODIST SPECIALTY & TRANSPLANT HOSPITAL

8026 Floyd curl Dr.

DOWNTOWN BAPTIST HOSPITAL

111 Dallas St.

ST. LUKES BAPTIST HOSPITAL

7930 Floyd curl Dr.

EUS, ERCP, & EGD's

1. NOTHING TO EAT OR DRINK AFTER MIDNIGHT
2. PATIENT/FAMILY ADVISED OF PROCEDURE PREP AND INSTRUCTION, ASA, ANTICOAGULANTS, INSULIN MEDS, ETC.
3. PATIENT/FAMILY ADVISED OF LENGTH OF STAY APPROXIMATELY 4-5 HOURS
4. PATIENT/FAMILY ADVISED TO WEAR LEISURE CLOTHING and A FACE MASK TO ENTER BUILDING
5. PATIENT/FAMILY ADVISED A RESPONSIBLE PARTY/DRIVER MUST BE PRESENT TO SIGN PATIENT OUT.
6. RESPONSIBLE PARTY/DRIVER MUST BE 18 YEARS OF AGE OR OLDER
Hired Drivers are not acceptable, EX: UBER, LYFT, TAXI/CAB
7. PATIENT/FAMILY ADVISED THAT IF PATIENT IS UNABLE TO SIGN OWN CONSENT, A RESPONSIBLE PARTY MUST BE AVAILABLE TO SIGN FOR PATIENT.
8. ONLY THE PATIENT IS ALLOWED INSIDE THE BUILDING.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT GENE, EDDIE OR ALEXIS AT (210)242-0256