

ALLIANCE DIGESTIVE DISEASE CONSULTANTS MEDICAL GROUP

50 Alessandro Place, Suite 410, Pasadena, CA. 91105

Phone: (626) 793-7114

www.addcmg.com

Your Primary Care Physician has recommended that you have a colonoscopy.

- Please fill out the attached forms and **MAIL BACK** to our office.
- Please be sure all material is signed and dated.
- When mailing back your packet, please write **Attention: Procedure Scheduler** on front of the envelope.

The Open Access Colonoscopy Packet includes:

1. A patient information form.
2. A medical history form.
3. A Privacy Record of Disclosures form, which allows us to know how you would like our physicians and staff to communicate with you.

Please provide a copy of the following items when mailing back your packet:

1. Your insurance card (Front/Back).
2. Your authorization (if applicable).
3. A list of your current medications.
4. A copy of any prior colonoscopy reports.

If you do not have a copy of any prior colonoscopy report - please provide the following:

Year of Procedure: _____ Location: _____

Physician Name: _____ Telephone #: _____

Once your information is received back in our office, our physicians will review your paperwork. The information you provide will help determine if an office visit is needed prior to scheduling a colonoscopy.

You will then get a call from one of our representative to schedule an office visit or to schedule a colonoscopy. You may also call our office after seven business days. We can be reached at 626-793-7114, option number 2.

Thank you for your assistance.

PLEASE NOTE: Colonoscopy instructions will be given to you at the time of your office appointment or they will be mailed to your home once a colonoscopy has been scheduled.