

Gastro Services & Facilities
Eastern Endoscopy Centre
120 Birkdale Rd
BIRKDALE Qld 4159

FAX to 3822 7466

Date.....

Dear Dr.....,

Re: COLONOSCOPY FOR.....on/...../..... at.....

It is a policy of **Gastro Services & Facilities** that all colonoscopy patients on **anti-platelet medication** must obtain written advice from their treating doctor with respect to **cessation for 7 days prior** to the colonoscopy, or continuation of this medication. If the medication is continued, then a diagnostic colonoscopy will be performed and no polypectomy (if polyps diagnosed) will be undertaken at this time. As the treating doctor, please indicate below your advice re this medication.

Please note that **Aspirin** may be continued or substituted if you desire.

Date.....

I consider it safe for the patient to cease(name of medication)
7 (seven) days prior to the colonoscopy procedure.

OR

I consider it necessary to continue(name of medication)
and therefore a diagnostic colonoscopy (no polypectomy) will be performed.

Signed.....

Dr.s Name (please print).....