

**Gastro Services & Facilities**

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Birkdale Qld 4159

**Eastern Endoscopy Centre**                      **FAX to 3822 7466**  
120 Birkdale Rd  
BIRKDALE Qld 4159

Date.....

Dear Dr.....,

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

It is a policy of **Gastro Services & Facilities** that all colonoscopy patients on **Pradaxa, Xarelto** or **Eliquis** medication must obtain written advice from their treating doctor with respect to **cessation for 3 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.

Date.....

- I consider it safe for the patient to cease **Pradaxa / Xarelto / Eliquis** 3 days prior to the colonoscopy procedure.

OR

- I consider it necessary to continue **Pradaxa / Xarelto / Eliquis** and therefore a diagnostic colonoscopy (no polypectomy) will be performed.

Signed.....

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