



ASSOCIATE PROFESSOR MARTIN WELTMAN

University of Sydney (Sydney Medical School)
MBBCh PhD FRACP FChAM

Suite 704/3 Waverley Street
BONDI JUNCTION NSW 2022
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Gastroenterologist & Hepatologist

Provider No: 276576Y

_____ is due to have a **Colonoscopy / Gastroscopy / Small Bowel Biopsy / Disacchs**

on **Saturday** _____

Where:

Double Bay Day Hospital

Level 2, 451 New South Head Rd
Double Bay
☎ 9096 3100 | Fax: 9096 3130
eMail: admin@dbdh.com.au

The Hospital will contact you **1 - 2 days prior** to your procedure to advise you of your admission time etc.

PREPARATION FOR:

COLONOSCOPY: On the **day prior** to your procedure you will need to go on a **clear liquid diet** e.g. black coffee/teas, clear soups, water, apple juice, mineral waters, jelly, etc (no tomato soup, milk, orange juice please). Please do not have any solids, or anything that is dark in colour e.g. red, blue etc. At **4pm, 6pm & 8pm** you will be required to take a bowel preparation i.e. (2 hourly intervals). The bowel preparation; **PicoPrep 3 Sachets**, is obtainable from a chemist, without a prescription. You may continue taking liquids up until **6 hours prior to your arrival time**, thereafter you are required to **fast** i.e. **NOTHING TO EAT OR DRINK** until after your procedure.

GASTROSCOPY/SMALL BOWEL BIOPSY: You are required to **fast 6 hours prior to your arrival time** i.e. **NOTHING TO EAT OR DRINK** until after your Procedure.

Please ensure you have organised someone to take you home after your procedure, as legally you may not drive for at least 6 hours after your procedure.

Please DO NOT eat, drink or smoke on the morning of your procedure.

If you have not had a recent consultation, please ensure you have faxed (**8305 0001**) or emailed reception@bondigastro.com.au your referral letter to us, prior to making your procedure booking. **Please Note**, without a valid referral letter your procedure will **NOT** be covered by MEDICARE or your HEALTH FUND.

IMPORTANT: If you take, Warfarin, Aspirin, Nurofen, Plavix, Cartia, Astrix, Eliquis, Pradaxa or Xarelto please **ensure you have discussed** this with Dr Weltman or your prescribing doctor.

If you take fish oil tablets, please stop **ONE** week prior to your Procedure,

If you are insulin dependant, please ensure you have made us and the Day Hospital aware of this.

If you are a member of a private health fund, our account will be submitted directly to your health fund (unless your fund does not offer a No Gap Cover Scheme). There will be no further payment required on Dr Weltman's account for this procedure. Please note, if you have not been a member of your health fund for long enough, you will be liable for the difference between the Medicare rate and our fee.

There are **4** parties involved with your procedure. Dr Weltman, the Anaesthetist, the Pathologist and the Day Hospital. **If you are not in a health fund**, you will be required to give us your credit card details at time of booking.

If you do not have a Health Fund, or you have an Excess, the Day Hospital Facility Fee is payable on the day for the use of their theatre and disposables etc. Please refer to the **Self Funded Memorandum of Fees** sheet for details of their fees. Your pathology will be bulk billed. If you wish to get a quote from the Anaesthetist, please call 9553 1566 to discuss.

Please support us by completing the necessary Day Hospital's admission forms and returning it to them asap; that way we can complete all necessary paperwork on your behalf.

Important:: The Day Hospital **cannot** confirm a procedure booking without having received your **Pre-admission Form** at least **1 week** prior to scheduled appointment.

Cancellation Fee: Once an appointment has been made, a **cancellation fee** of \$100 applies if it is **moved or cancelled within 48 hours** of scheduled appointment. **This is Non-Refundable.**

You have a **follow up consultation appointment** scheduled for: _____
