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## HEMORRHOID BANDING

Name \_\_\_\_\_ Procedure \_\_\_\_\_

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. \_\_\_\_\_

### PLEASE REPORT TO:

**Rochester Gastro. Assoc.**  
115 Canal Landing Blvd. Ste. 110  
Rochester, N.Y. 14626  
Tel:(585)227-1080

**Rochester Gastro. Assoc.**  
20 Hagen Dr., Ste. 330  
Rochester, NY 14625  
Tel: (585) 267-4040

REPORT & REGISTRATION TIME: \_\_\_\_\_

DATE/DAY: \_\_\_\_\_

### PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

- This is an office-based procedure, you can expect to be at our office for at least 30 minutes. You may drive yourself to and from the appointment. No bowel prep is required, and no fasting is required.
- If you are taking any anticoagulants (blood thinning medication), such as **Coumadin, Plavix, or Xarelto**, please inform our office **immediately**. ***These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.***
- Please advise us if you are currently taking **325mg Aspirin daily**, as this medication may need to be stopped before your procedure.
- If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040 or (585)227-1080** between **9:00 a.m.** and **4:00 p.m.**

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

***Thank you for the opportunity to accommodate your health care needs.***