Date: [Insert Date]

Subject: Important Logistics and Arrival Instructions for Your Colonoscopy

Dear [Patient Name],

This letter provides the necessary details regarding your upcoming colonoscopy procedure. Please follow these instructions carefully to ensure a smooth arrival and check-in process.

Procedure Appointment Details

- **Date of Procedure:** [Insert Date]
- **Scheduled Procedure Time:** [Insert Time]
- **Arrival Time:** [Insert Time - Usually 45-60 minutes prior]
- **Location/Facility:** [Insert Facility Name and Suite Number]
- **Address:** [Insert Full Address]

Arrival and Check-In

Upon arrival, please check in at the [Insert Desk Name, e.g., Registration Desk/Endoscopy Suite]. Please have your photo ID and current insurance card ready for the registration staff.

Transportation and Escort Policy

Because you will receive sedation, the following rules apply:

- You **must** have a responsible adult (18+) accompany you to the facility.
- This person **must** remain at the facility during your entire procedure.
- You are not permitted to drive yourself home, take a taxi, or use a ride-share service (like Uber or Lyft) alone.
- Total time at the facility is typically [Insert Duration, e.g., 2-3 hours].

What to Bring

- A list of all current medications and dosages.
- Your inhaler or CPAP machine (if applicable).
- Loose, comfortable clothing.
- Cases for glasses, contacts, or dentures.
- Please leave all jewelry and valuables at home.

Pre-Procedure Reminders

- Ensure you have completed your bowel preparation as instructed.
- Stop all oral intake (including water, gum, and mints) [Insert Number] hours before your arrival time.

- Take your blood pressure or heart medications the morning of the procedure with a small sip of water, unless told otherwise.

If you have any questions or need to reschedule, please call our office at [Insert Phone Number].

Sincerely,

[Insert Physician/Clinic Name]
[Insert Contact Information]