

**Island Endoscopy Center, LLC**  
1175 MONTAUK HIGHWAY SUITE 1  
WEST ISLIP, NY 11795  
PHONE# (631) 376-0001

**PATIENT INFORMATION SHEET**

I was instructed not to eat, drink or take medications (unless specified by my physician) after MIDNIGHT last night and I have followed these instructions.

I have completed my bowel prep                      N/A

I have made arrangements to have an adult drive me home. I understand that I will not be released by myself or with a minor. I DO NOT PLAN TO DRIVE A CAR.

I agree that the Endoscopy Center is not responsible for any valuables I elected to bring with me.

Do we have permission to speak with the person accompanying you regarding your condition?              Yes              No

Name of person driving you home today:

Waiting                      Please call at: (     ) \_\_\_\_\_

<b>SOCIAL SUPPORT SYSTEM</b>
I live alone
I live with family or significant other
Assisted Living or Nursing Home

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Interviewed By

\_\_\_\_\_  
Date