

**Dr Michael G. Anderson MD FRCP**  
**Consultant Physician & Gastroenterologist**

**All correspondence to :**

4 Golden Cross Mews, Portobello Road, London W11 1DZ  
Tel / fax 020 7229 0567  
www.DrMichaelAnderson.co.uk  
e-mail : info@DrMichaelAnderson.co.uk

**RE: Appointment for Fibre Sigmoidoscopy with Sedation at the Cromwell Hospital**  
**Date :**  
**Time :**

This is to confirm that this appointment has been made. Please arrive 15 minutes early and report to the Main Reception.

Please do not have anything to eat or drink for 6 hours before your appointment. You should be ready to go home a couple of hours after your appointment. If possible, please arrange for someone to collect you. I must stress that you should not drive a motor vehicle, operate heavy machinery, sign any legal documents or drink any alcohol on the day of your examination.

If you are insured, you **MUST** contact your insurance company before the procedure as they may arrange to pay the Hospital directly. The procedure code is H2502 or H2503. *Please phone the endoscopy unit on 020 7460 5605 as soon as possible to give them your insurance details including a pre-authorisation number if your insurance company has given you one.* The account for Dr Anderson is in addition to, and separate from, the bill for the Hospital. If I have your insurance details I can send Dr Anderson's bill directly to your insurers on your behalf. There may be an additional bill if biopsies (small samples of tissue) are sent for histology.

If you require any further information or need to change this appointment please do not hesitate to contact me on **020-7229 0567**.

If you have a problem on the day of the examination (e.g. are going to be late or need to cancel) please phone the endoscopy unit directly on **020 7460 5605**.

Yours sincerely

**Claire White**  
PA to Dr M.G. Anderson