

Dr Michael G. Anderson MD FRCP
Consultant Physician & Gastroenterologist

All correspondence to :

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RE: Appointment for Upper Gastrointestinal Endoscopy at the Cromwell Hospital

Date :

Day :

Time :

This is to confirm that this appointment has been made. Please arrive 15 minutes earlier to allow time to register at the Main Cromwell Hospital Reception. Your name will be on the Endoscopy Day Case List. They will then direct you to the Endoscopy Department.

Please do not have anything to eat and drink for 6 hours before your appointment.

You will be offered the choice of local anaesthetic throat spray or sedation. If you choose sedation you will be able to go home when you have woken up sufficiently (Usually 1-2 hours). If possible, please arrange for someone to collect you. I must stress that if you are sedated you should not drive a motor vehicle, operate heavy machinery, drink any alcohol or sign any legal documents 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 G6500. *Please phone me as soon as possible to give 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 I do not have your insurance details, or if your insurer or sponsor do not pay part or all the bill you will have to pay this yourself on receipt of our invoice. It is your responsibility to make these arrangements.**

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