



HEMORRHOID BANDING PROCEDURE

Your appointment is at _____ on _____

Office Location _____

Scheduled with Dr. _____

PLEASE REMEMBER THE FOLLOWING PRIOR TO YOUR TEST:

If you are on blood thinners such as Coumadin, Plavix or Aspirin, our office must be notified immediately. There is a possibility your test will be cancelled.

- You **DO NOT** need a driver
- There is **NO** preparation involved.
- You may eat and drink like normal on the day of your test.
- Your stay will be from 30-45 minutes.

Be aware that the facility may call you the night before and ask you to come in earlier, please make sure your schedule is flexible. If you can only come at certain times, our doctor will be more than happy to work with you.

If you have any questions, please feel free to contact us at 678-741-5000 or visit the CRH O'Regan System Website at www.crhsystem.com.