

**Name: Elizabeth Test**

**BRONCHOSCOPY INSTRUCTIONS**

Dr. McArdle has scheduled Elizabeth Test for a  
bronchoscopy on \_\_\_\_\_ .at  
:\_\_\_\_\_

**WHERE TO REPORT:**

Brighton Medical Center: Report to Patient Registration. Maine Medical Center: Report directly to ASU \*(unless you need to obtain a blue card).

**INSURANCE INFORMATION:** \*Please bring your Insurance Card with you when checking in at Patient Registration. If your card is expired or if you do not have a card, please arrive ½ hour before the above arrival time to obtain a card.

**PREPARING FOR YOUR BRONCHOSCOPY:**

**DRIVER:** Please have someone to drive you home. We strongly advise that you have someone to drive you home after the procedure. The medications will make it unsafe for you to drive. **FOOD:** If you are schedule for a morning procedure, DO NOT have anything to eat or drink after midnight the night before. If you are schedule for an afternoon procedure, you may have CLEAR LIQUIDS ONLY before 6:00 a.m. **MEDICATIONS:** Unless otherwise directed, take your usual medications as scheduled all the way up to your procedure date. If you are schedule to take a medication during the time you are not suppose to eat or drink, take them anyway, but take them with sips of water only. **NO ASPIRIN!** Please, no aspirin or any other medications that contains aspirin. Aspirin should be stopped one week prior to procedure. If you take Coumadin or any diabetes medication, talk to your doctor first before taking any actions. He/She may change your dose or your medication schedule temporarily.

Lastly, please bring this form with you. If you have any questions, feel free to call our office at (telephone number).