

**LEO TREYZON, M.D.**  
CEDARS-SINAI MEDICAL OFFICE TOWERS  
8631 W. THIRD ST. SUITE 1015 E  
LOS ANGELES, CALIFORNIA 90048  
PHONE 310-652-4472  
FAX 310-358-2266

**GASTROENTEROLOGY AND HEPATOLOGY**

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**PATIENT INSTRUCTIONS  
UPPER GASTROINTESTINAL ENDOSCOPY**

**PROCEDURE DATE AND TIME:**

Please have **NOTHING TO EAT 8 HOURS BEFORE AND NOTHING TO DRINK 4 HOURS BEFORE PROCEDURE TIME, EXCEPT MEDICINES TAKEN WITH A SMALL SIP OF WATER. No breakfast!!**

On the morning of the procedure, go to the La Peer Surgery Center, **8920 Wilshire Blvd, Suite 101, Beverly Hills, 90211**. The procedure center validates for the first hour, after that it is a \$8 flat rate.

**ARRIVAL TIME:**

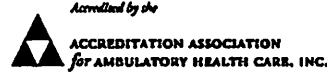
**PROCEDURE TIME:**

**NOTE:** If you're taking any anticoagulant therapy, such as Coumadin, Aspirin, Plavix, Aggrenox or Pradaxa, please let us know. Heart and Blood Pressure medications should be taken in the morning as usual on the day of the procedure.

Be sure to have someone drive you to and from the surgery center. You will not be able to drive until the next day, and by state regulation, you must be "discharged" to a responsible person that you know.

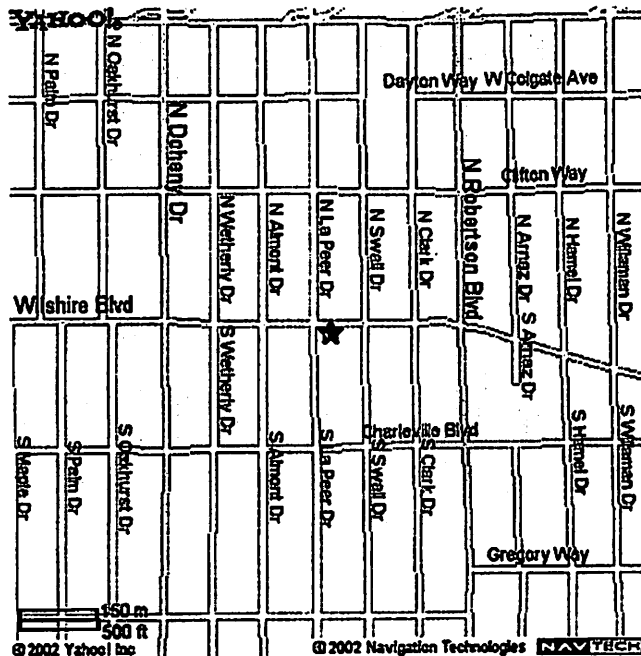
**Special Instructions:**

Bring this page with you on day of procedure. You do not need to send back to Dr. Treyzon.



**La Peer Surgery Center, LLC**  
8920 Wilshire Boulevard, Suite 101 • Beverly Hills, CA 90211 • Tel: 310.360.9119 • Fax: 310.360.9115

### MAP TO LA PEER SURGERY CENTER



#### FROM THE I-10 WEST:

Take the ROBERTSON BLVD exit  
Make at a RIGHT at the off ramp  
Head north on Robertson Blvd  
Make a LEFT onto WILSHIRE BLVD  
Turn LEFT on LA PEER DRIVE

Parking entrance on your left hand side.

#### FROM THE I-10 EAST:

Take the LA CIENEGA BLVD – NORTH exit  
Head north on La Cienega Blvd  
Make a LEFT onto WILSHIRE BLVD  
Turn LEFT on LA PEER DRIVE

Parking entrance on your left hand side.

#### IMPORTANT NOTES:

La Peer Surgery Center is located in Suite 101. Please press GARDEN/PHARMACY LEVEL on the elevator to reach our floor. From the elevator, you will make a right and head straight to the garden area. You will see a sign pointing to your right for SUITE 101.

Parking Structure Opens at 5:30AM. If you are scheduled to arrive prior to 5:30AM, please park on Wilshire and move your car immediately after the structure opens. [Please note that parking on Wilshire is PROHIBITED from 7:00A-10:00AM]

Building elevator services start at 6:00AM. If you are scheduled to arrive before 6:00AM, there are two ways to gain access to La Peer Surgery Center

If you are parked on Wilshire, a stairwell leading straight to our surgery center entrance is available.

If you are parked on P1 Valet floor, please take the stairwell up to the Garden & Pharmacy level. Please ring the doorbell so that a La Peer staff can assist you.

\*\*\*\*Please READ any/all street signs when utilizing street or metered parking. La Peer Surgery Center will not be held liable for cars that get ticketed or towed.

## Explanation of Billing

Dear Patient,

Thank you for scheduling your upcoming procedure with our office. We would like to inform you of the four (4) different entities which will be involved in providing care the day of your procedure. These providers will be billing your insurance for their respective services. Should you have any billing related questions before or after your procedure, please feel free to contact them directly through their contact person listed below:

1. **Doctor:** Leo Treyzon, M.D.

**Pre-Procedure Office:** Amie Kim  
(310) 652-4472

**Billing Office:** Nexus Health Systems  
(310) 929-4141

2. **Endoscopy Facility:** La Peer Surgery Center

**La Peer Insurance Verification & Payment Information:**

Linda Romero  
(310) 360-9119 x 4003

3. **Anesthesiologist:** Cedars Sinai Anesthesiology Group [General Anesthesia Services Partners (GASP)]

**Billing Manager:** Gina Tice  
(213) 673-3700

4. **Pathologist:** If biopsies are taken or polyp(s) are removed

**PathMD:** (424) 245-7284  
**Cedars Sinai Pathology:** (866) 201-8509

Please note that our office does not perform billing services for these other providers. They may bill your insurance and/or you separately. Please let us know if you have any further questions. Our office is a good start to make your first call. We can help guide you to the right person if you have a bill question.

### Cancellation Policy

There is a \$250 cancellation fee if you do not give cancellation notice within at least 72 hours of your scheduled procedure. If your procedure is on a Monday, you must give notice of cancellation to Dr. Treyzon's office by Thursday at 5:00 P.M. With ample time, we are able to cancel the services of the anesthesiologist and nursing staff that are scheduled for your procedure. Thank you.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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**La Peer Surgery Center Patient History & Nursing Assessment**

PATIENT HISTORY/NURSING ASSESSMENT											
<b>ADMISSION FORM</b>					Pain legs		NO	YES			
Age	Sex	Height	Weight	Possible pregnancy? No Yes Last menstrual period:	Blood Clots		NO	YES			
Scheduled operation:					Blood Thinner Medications: Coumadin, Plavix, Aspirin, Pradaxa, etc.		NO	YES			
					Dentures, bridges, loose teeth, or partial?		NO	YES			
					Glasses/Contact lenses or hearing aid?		NO	YES			
Pain scale 0-10:					Artificial objects in body?		NO	YES			
ALLERGIES/SENSITIVITIES Drug/Iodine/Food/Latex/Sulfites/Other List Reaction					<b>SOCIAL HISTORY</b>						
					Alcohol		NO	YES	Amount		
MEDICATIONS HISTORY Medications/Dosage/Frequency [LIST ALL including herbal meds] Last Taken					Drug use		NO	YES	Amount		
					<b>IMMUNE SYSTEMS</b>						
MEDICATIONS HISTORY Medications/Dosage/Frequency [LIST ALL including herbal meds] Last Taken					Recent steroid use?		NO	YES			
					Leukemia/Lymphoma/ Cancer		NO	YES			
					Radiation therapy		NO	YES	When		
					Chemotherapy		NO	YES	When		
MEDICATIONS HISTORY Medications/Dosage/Frequency [LIST ALL including herbal meds] Last Taken					Immune disorders		NO	YES			
					Weight loss > 10 lbs		NO	YES			
					<b>BLOOD/LIVER/DIGESTIVE SYSTEMS</b>						
MEDICATIONS HISTORY Medications/Dosage/Frequency [LIST ALL including herbal meds] Last Taken					Anemia		NO	YES			
					Bleeding tendency/Disorders		NO	YES			
					Hepatitis/Jaundice		NO	YES			
Have you had any previous anesthetics? No Yes					Difficulty swallowing		NO	YES			
Personal or family history of anesthesia problems? No Yes					Colon problems		NO	YES			
History of Malignant Hyperthermia? No Yes Year:					Stomach problems		NO	YES			
Previous hospitalization?(List Reasons) No Yes					Frequent heart burn		NO	YES			
Previous surgery? [Please list ALL with year] No Yes					<b>MUSCULOSKELETAL/NEUROLOGICAL</b>						
					Convulsion/Seizures		NO	YES			
					Blackouts/Fainting		NO	YES			
					Mental Health problems		NO	YES			
					Stroke		NO	YES			
					Nerve/Muscle problems		NO	YES			
					Limited joint movement		NO	YES			
Answer yes or no to each of these conditions ( If yes, please list when: Year/ Date)					Back injury/Pain		NO	YES			
					Headache/Migraine		NO	YES			
					<b>ENDOCRINE/ URINARY DISEASES</b>						
<b>LUNGS DISEASES</b>					Diabetes		NO	YES			
Asthma/ Wheezing		NO	YES								
Emphysema/COPD		NO	YES								
Chronic cough		NO	YES								
Pneumonia		NO	YES								
Tuberculosis/ + TB test		NO	YES								
Recent TB exposure		NO	YES								
Travel within the past 10 days to Hong Kong, China, Singapore, Taiwan, Vietnam or Toronto		NO	YES	When?							
Valley fever		NO	YES								
Smoker?		NO	YES	# packs per day:							
Recent cold/flu		NO	YES								
<b>HEART/CIRCULATION DISEASES</b>					Thyroid disorder		NO	YES			
High blood pressure		NO	YES								
Heart murmur/MVP		NO	YES	with antibiotics?							
Heart attack/ Stents/Last Cardiologist Visit		NO	YES	When?							
Chest pain/Angina		NO	YES								
Irregular heart beat		NO	YES								
Pacemaker/AICD		NO	YES								
Short of breath/Heart Failure		NO	YES								
Rheumatic fever		NO	YES								
Patient Signature					Kidney problems		NO	YES			
					Last time I had anything to eat or drink:						
					Nurse's comment:						
					Nurse Signature		Date				
					Anesthesia plan:		GA	BLOCK	CONSCIOUS SEDATION		
					ASA class:		1	2	3	4	E
					MD Signature		Date				



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## La Peer Surgery Center List of Rights & Responsibilities for Patients

This Surgery Center has adopted the following list of Rights and Responsibilities for Patients:

### PATIENT RIGHTS:

- Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his/her care
- Treated with respect, consideration, and dignity
- Provided with appropriate personal privacy care in a safe setting, and free from all forms of abuse and harassment.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other medical personnel who will see him/her and participate in their surgery including scrubbing.
- Receive information from his/her physician about his illness, his/her course of treatment and his prospects for recovery in terms that he/she can understand.
- Receive as much information from his/her physician about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse this course of treatment. Except in emergencies this information shall include a description of the procedure or treatment, the medically significant risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
- Actively participate in decisions regarding his/her medical care to the extent permitted by law, this includes the right to refuse treatment or change his/her primary physician.
- Disclosures and records are treated confidentially, except when required by law, patients are given the opportunity to approve or refuse their release.
- Information for the provision of after-hour and emergency care.
- Information regarding fees for service, payment policies and financial obligations.
- The right to decline participation in experimental or trial studies
- The right to receive marketing or advertising materials that reflects the services of the Centers in a way which is not misleading.
- The right to express their concerns and receive a response to their inquiries in a timely fashion.
- The right to self-determination including the right to accept or to refuse treatment and the right to formulate an Advance Directive.
- The right to know and understand what to expect related to their care and treatment.

### PATIENT RESPONSIBILITIES:

- Provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
  - Ask for an explanation if you do not understand papers you are asked to sign or anything about your own or your child's care.
  - Gather as much information as you need to make informed decisions.
  - Be available so staff can teach you how to care for yourself or your child; we want to share our knowledge with you, but you must be prepared to learn.
  - Follow the care prescribed or recommended for you or your child by the physicians, nurses and other members of the health care team; remember, if you refuse treatment or do not follow instructions, you are responsible for your actions.
  - Respect the right and privacy of others.
  - Assure the financial obligations associated with your own or your child's care, are fulfilled.
  - Responsible for being respectful of his/her personal property and that of other persons in the Center.
  - Take an active role in ensuring safe patient care. Ask questions or state concerns while in our care. If you don't understand, ask again.
  - Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider.
  - Inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
- I received information on patient rights, patient responsibilities, physician disclosure, advance directive policy and grievance policy at least one day in advance of my surgery.

PRINT NAME

SIGNATURE

DATE

### Notice to Medicare Patients

Medicare Patients should visit the website below to understand your rights and protections

<http://www.cms.hhs.gov/center/ambudsm.asp>

### ADVANCE DIRECTIVES

An "Advance Directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directive differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like more information regarding advance directives in CA, visit [http://ca.gov/consumers/generaladv\\_hc\\_dir.php](http://ca.gov/consumers/generaladv_hc_dir.php)

### OUR SURGERY CENTER'S ADVANCE DIRECTIVE POLICY:

The majority of procedures performed at the Surgery Center are considered to be of minimal risk. Of course, no surgery is without risk. You and your surgeon will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your surgery.

### PATIENT CONCERNS AND/OR GRIEVANCES:

Persons who have a concern or grievance against La Peer Surgery Center but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issue are encouraged to contact the Administrator or write a statement to:

La Peer Surgery Center  
c/o ADMINS TRATION  
8320 Wilshire Boulevard, Suite 101  
Beverly Hills, CA 90211 or by  
Writing the California Department of  
Public Health  
PO BOX 997377, MS 3000  
Sacramento, CA 95899-7377