

**Information required to obtain authorization from your medical aid for:**

☐ COLONOSCOPY

☐ GASTROSCOPY

Date of procedure: \_\_\_\_\_

Time of procedure: \_\_\_\_\_

Procedure code: ☐ 1653 ☐ 1587

ICD10 code: ☐ Z12.1 ☐ K21.9 ☐ R10.4 ☐ Other: \_\_\_\_\_

(your referring dr should supply you with this)

Practice no: 0368210

Authorisation no: \_\_\_\_\_

(please contact us with this number)

**Important:**

- Please phone your medical aid with the above-mentioned information to obtain authorisation for the procedure. Please supply this number to our rooms.
- This procedure will be done under conscious sedation. Someone should accompany you on the day of your procedure, to drive home afterwards.

You are **NOT ALLOWED TO DRIVE** after having sedation!

- Please advise your family/friend that you will be ready within more or less 60 minutes.

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