



MOCLI60585

Installation : _____

INSTRUCTIONS FOLLOWING AN ENDOSCOPY APPOINTMENT

Date: yyyy/mm/dd

☐ The user's phone number has been verified

You must give us a phone number where you can be reached.

☐ **FOLLOW-UP MEDICAL APPOINTMENT** ☐ Phone
In approximately: _____ ☐ In person
At the clinic: _____

☐ You will receive a call
☐ You must call to make an appointment
☐ **NEXT EXAMINATION:** _____

☐ You will receive a call for
IMAGING or RADIOLOGY EXAMINATION
☐ Requisition given to the user
☐ Requisition given to Radiology

☐ You must have a **LAB TEST**
in approximately: _____
☐ Blood test ☐ Other : _____

You must:

- ☐ Make an appointment at your local CLSC
(by phone or on www.clicsante.ca)
- ☐ Make an appointment at the specimen centre:
Hôpital Anna-Laberge, 450-699-2464
Hôpital du Suroît, 450-371-9920, #2215
Hôpital Barrie-Memorial, 450-829-2321, #3276
- ☐ Drop off your sample at the lab at your local
hospital or CLSC (depending on CLSC business hours)
- ☐ Call the clinic: _____

IMPORTANT: Bring the requisition (sheet with checkmarks or
medical prescription) that was given to you

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

☐ ORDONNANCES REMISES

MEDICATIONS

- ☐ **Resume usual medication**
- ☐ **Resume oral anticoagulants** (apixaban, dabigatran,
edoxaban, rivaroxaban, warfarin):
Specify: _____ yyyy/mm/dd
- ☐ **Resume oral antiplatelets** (ASA, clopidogrel, prasugrel,
ticlopidine, ticagrelor, ASA-dipyridamole):
Specify: _____ yyyy/mm/dd

☐ **SHEET** given: "Instructions de départ après un examen
endoscopique"

- ☐ **INSTRUCTIONS** following a polypectomy reviewed
 - ☐ Clear liquid diet (water, broth, juice, Jell-O, no milk,
no red or purple liquids) for 24 hours
 - ☐ Regular diet
 - If bleeding (heavy/frequent rectal bleeding or blood
clots, black stools): **Do not eat or drink anything and
go to the Emergency department as soon as possible**
 - If fever (38.5 °C or higher) OR constant or worsening
pain in the abdomen, chest or shoulder: **Do not eat or
drink anything and go to the Emergency department
as soon as possible**

SPECIALIST CONSULTATION

- ☐ Surgery ☐ Cardiology ☐ Internal Medicine
- ☐ ENT ☐ Respirology ☐ Other: _____

Signature and title: _____

Date: yyyy/mm/dd

Copie blanche : Dossier de l'utilisateur
Copie jaune : Usager