Mountain West Gastroenterology, P.C.
St. George Office
368 East Riverside Drive, Suite A
St. George, Utah 84790
Office 435-673-1149 Fax 435-673-1182
Gastroenterology – Liver Diseases – Diagnostic and Therapeutic Endoscopy

PATIENT NAME _____

YOU HAVE BEEN SCHEDULED WITH:

☐ James Bown, MD ☐ Lee Hixson, MD ☐ Roger Siddoway, MD

TO HAVE THE FOLLOWING:

☐ Colonoscopy ☐ EGD

☐ Flex Sigmoidoscopy ☐ Liver Biopsy

☐ ERCP (endoscopic retrograde cholangiopancreatography)

☐ Capsule Endoscopy ☐ Stent Placement/Removal

Monday Tuesday Wednesday Thursday Friday

____/____ 2010 at ____:____ am pm Arrive at ___:___ am pm

YOU ARE SCHEDULE AT:

☐ St. George Endoscopy Center (368 E. Riverside Drive **Suite B**) Open Mon-Thurs.

☐ Dixie Regional Medical Center (1380 E. Medical Center Drive)
Northwest entrance 2nd floor Outpatient surgery Endoscopy Lab

☐ Valley View Medical Center (1303 N. Main Cedar City, UT)
Routine Diagnostic Center

☒ Please complete the attached forms and bring them with you to your appointment. We do not need them returned beforehand. You may call (435) 674-3109 ext 1208 seven (7) days prior to your appointment to pre-register. **If you have not heard from the Endoscopy center 3 business days before your procedure please contact them to make sure your appointment does not get cancelled.**

☐ If your procedure is schedule at DRMC, please pre-register in advance by calling (435) 688-4035. You may have to leave a message.

☐ If your procedure is scheduled at VVMC, please pre-register in advance by calling (435) 868-5771. You may have to leave a message

If you need to reschedule your procedure, please call Amy (435) 986-7045. If you have general questions please call 673-1149