

A · N · N · I · S · T · O · N
GENERAL SURGERY CENTER

Committed to providing you state-of-the-art care

1901 Leighton Avenue, Anniston, AL 36207 | (256) 240-9660 | Fax: (256) 240-9636 | www.AnnistonGeneralSurgery.com

Request For Colonoscopy Outpatient Testing

Patient Name: _____

Facility where testing will be performed:

Regional Medical Center _____

Stringfellow Hospital _____

| Type of test: | Date | Time |
|---------------|-------|-------------|
| Colonoscopy | _____ | _____ AM/PM |
| _____ | _____ | _____ AM/PM |

Special Instructions:

Please pick up your prep from the hospital several days before your test is to be done. They will give you all of instructions when you pick up this prep.