



Infrared Coagulation (IRC)

Patient Name: _____

Procedure Date: _____ Please arrive at _____ (AM / PM)

Procedure Time: _____ (AM / PM) Location: _____

Your procedure time is tentative, a staff member will call to confirm.

Physician:

- | | | |
|--|---|--|
| <input type="checkbox"/> Amir Abadir, MD | <input type="checkbox"/> Ihab Hammoud, MD | <input type="checkbox"/> John Weber, MD |
| <input type="checkbox"/> Anezi Bakken, MD | <input type="checkbox"/> Partha Nandi, MD | <input type="checkbox"/> Richard Wille, MD |
| <input type="checkbox"/> Sante Bologna, MD | <input type="checkbox"/> Leonard Quallich, MD | |
| <input type="checkbox"/> M. Emin Donat, MD | <input type="checkbox"/> Jack Tocco, DO | |

If you need to cancel or reschedule your procedure, please call 248-844-9710.

Morning procedure (before noon)

- **Do not** eat breakfast the morning of the procedure.
- Take one (1) Fleet Enema one hour prior to your appointment time.
- **Nothing** to eat or drink until your treatment has been completed.

Afternoon procedure

- **Do not** eat lunch the day of appointment.
- Take one (1) Fleet enema one hour prior to your appointment time.
- **Nothing** to eat or drink until your treatment has been completed.

Evening procedure

- Make sure your last meal is at least two hours prior to your appointment.
- Take one (1) Fleet enema one hour prior to your appointment time.
- **Nothing** to eat or drink until your treatment has been completed.

BILLING:

If you have any insurance or non-insurance billing concerns, please call our billing department at 248-844-9710 Option 4. Please call us at least 10-14 days prior to your appointment. The billing department can discuss insurance coverage or payment arrangements if necessary.

