



Pt. Name _____

SCREEN or DIAGNOSTIC

Dr. Simon Cofrancesco
Dr. Sergio Quijano

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YOUR EXAM IS SCHEDULED FOR:

Monday Tuesday Wednesday Thursday Friday

Date: _____ Procedure Time: _____ Arrival Time: _____

LOCATION:

- Northside Haw Creek Outpatient Surgery Center
1055 Haw Creek Parkway
Cumming, GA 30041

- Northside Hospital - Forsyth
1200 Northside Forsyth Drive
Cumming, GA 30041
Check-in at PATIENT SERVICES (located at back entrance of the hospital)

- Northside Alpharetta Medical Campus
3400 Old Milton Parkway
Building A, Suite 100
Alpharetta, GA 30005

Planning for the Procedure:

- You **must** have a driver who is 18 years or older remain in the endoscopy center during the ENTIRE visit.
- Northside will call you prior to your procedure for a pre-procedure assessment
- If you have any questions or need to change your appointment, please call us at 404-446-0600.
- If your appointment is cancelled within 48 hours, we require a \$200.00 refundable deposit to reschedule