

**Gastro Services & Facilities**

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Birkdale Qld 4159

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120 Birkdale Rd  
BIRKDALE Qld 4159

Date.....

Dear Dr.....,

Re: COLONOSCOPY FOR.....on...../...../..... at.....

It is a policy of **Gastro Services & Facilities** that all colonoscopy patients on **Warfarin** must obtain written advice from their treating doctor with respect to cessation or continuation of this medication for **3-4 days prior** to the colonoscopy. If the Warfarin is ceased, an INR is required on the day before the procedure. If the Warfarin is continued, then a diagnostic colonoscopy will be performed and no polypectomy (if polyps diagnosed) will be undertaken at this time. As the treating doctor, please indicate below your advice re this medication.

Date.....

- I consider it safe for the patient to cease **Warfarin** 3-4 days prior to the colonoscopy and have organized a **INR** to be performed on the day before the procedure.

OR

- I consider it necessary to continue **Warfarin** and therefore a diagnostic colonoscopy (no polypectomy) will be performed.

Signed.....

Dr.s Name (please print).....