

Jacqueline L. Kaiser, MD
Winter Park Colon & Rectal Specialists

Direct Access Form for Colonoscopy

Name: _____ Date: _____

Date of Birth: _____

During your last colonoscopy:

Did you have problems with the prep such as vomiting or incomplete clean out?
 No Yes If yes, explain: _____

Did you have any problems with the sedation during the procedure?
 No Yes If yes, explain: _____

Do you have any questions about your next colonoscopy that you need to discuss in person with Dr. Kaiser?
 No Yes

Do you need, or has another doctor suggested, an upper endoscopy to be done at the same time as your colonoscopy?
 No Yes

Have you had any cardiac procedures since your last visit, such as a stent, angioplasty, pacemaker insertion or open heart surgery?
 No Yes If yes, list: _____

You will need to print our returning patient paperwork from our website (JacquelineKaiser.com) and return it to our office by:

USPS: Winter Park Colon & Rectal Specialists
255 N. Lakemont Ave #100
Winter Park, FL 32792

Fax: 407-628-0925

Email: KaiserAsh09@gmail.com

If our office does not contact you within one week please call 407-628-1718.