

ENDOSCOPY PREPARATION

**NO FOOD or DRINK the
day of your procedure.**

Appointment Date: _____

Arrival Time: _____

Procedure Time: _____

*Please call a minimum
of three business days
in advance if you need to
cancel your appointment.*

Rizwan Safdar, M.D.

Office: 520-624-4342



**NORTHWEST
GASTROENTEROLOGY**
NORTHWEST HEALTHCARE

Endoscopy

Your procedure will be done
at the checked location:



Northwest Medical Center Surgery/Endoscopy

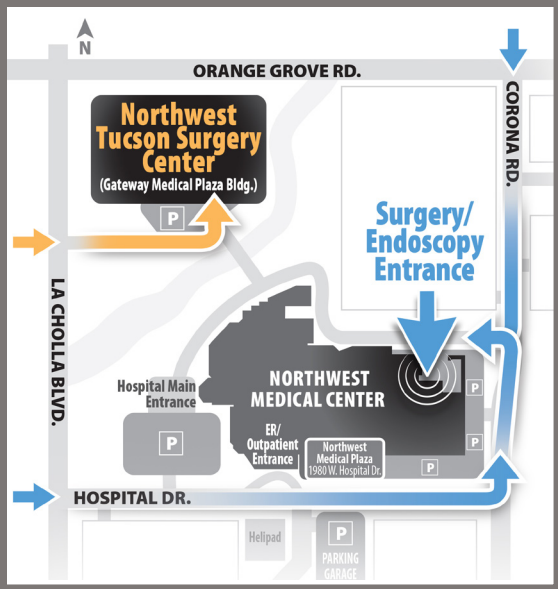
*(Enter from La Cholla Blvd. at Hospital Drive or
from Orange Grove Rd. at Corona Rd.)*



Northwest Tucson Surgery Center

(Enter from La Cholla Blvd.)

Northwest Medical Center Campus:



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