

Procedure Date: _____ Check-in Time: _____ GI Physician: _____

Location: _____ Procedure Time: _____

Special Instructions:

To ensure a successful exam, please follow all instructions on this sheet carefully. Failure to do so could result in your procedure being postponed or cancelled.

If you are pregnant, please discuss the risks and benefits of this procedure with your physician.

If you take anti-coagulants / blood thinners (for example: Coumadin, Plavix, Pradaxa, Xarelto, Eliquis, Effient, Brilinta, etc.) or Insulin, please notify our office at least 10 days prior to your procedure.

Insulin and other diabetic medications should be reviewed with the prescribing doctor and taken according to their instructions.

Please inform us if you weigh greater than 250 lbs., have kidney disease, congestive heart failure, artificial heart valves, a pacemaker or defibrillator (AICD), sleep apnea, or ascites.

Transportation:

- Please make arrangements to have someone drive you to and from the designated location for your procedure.
- You will not be allowed to use any form of public transportation following your procedure, which includes: Taxi, Bus, Ride-share service, Uber, Lyft and the like.
- The test may be cancelled if you do not have a driver, there will be no exceptions.
- You will be under sedation during your procedure and will be unable to work, drive or operate heavy machinery the day of your procedure.

EGD Instructions:

Day Before Your Procedure:

- If you have any questions, call our patient line at **1-855-455-4278**
- Do NOT use any tobacco products or marijuana, do NOT take non-prescribed drugs, and do NOT drink alcohol after midnight before your procedure.

Morning Procedure Instructions: Do not eat or drink anything (including gum, hard candy) after midnight the night before the procedure.

Afternoon Procedure Instructions: You may have clear liquids on the day of the procedure up to 6 hours prior to the procedure and nothing by mouth after that point.

Approved Clear Liquids:

- Water, Black Coffee or Black Tea (no cream or artificial cream)
- Strained fruit juices WITHOUT pulp (Example: apple, white grape)
- Clear Broth or Bouillon (Example: chicken or beef or vegetable broth)
- Carbonated CLEAR soft drinks (Example: Sprite, ginger ale)
- Gatorade, Kool aid or lemonade with no pulp (NO RED OR PURPLE)
- Plain Jell-O (without fruit or toppings) (NO RED OR PURPLE)
- Popsicles (NO RED OR PURPLE)
- NO DAIRY PRODUCTS
- NO ALCOHOLIC BEVERAGES

Day Of Your Procedure:

- In the morning, you should use inhalers, and take heart, blood pressure, seizure, anti-anxiety, and respiratory medications with a sip of water, enough to swallow them (no blood thinners or oral diabetic medications). You should wake up early and take these at least 2 hours before your test.
- Female patients of childbearing age will be required to provide a urine specimen for a pregnancy test prior to anesthesia the day of the procedure. Please avoid urinating prior to arrival the day of your procedure to prevent delay or possible cancellation

