



CAPITAL DIGESTIVE CARE PREP INSTRUCTIONS FOR ENDOSCOPY (EGD)

PATIENT: _____ **ARRIVE AT:** _____ **ON** _____

FOR A PROCEDURE APPOINTMENT WITH DR. _____

√ **5 DAYS BEFORE THE PROCEDURE:**

- Please read through this entire instruction sheet.
- Schedule a ride home. Every patient must be escorted home by a personal friend, family member or caregiver (over 18 years old). The escort should arrive to the facility one (1) hour after the procedure appointment time.
- Patients scheduled after 3:00 pm must have an escort on site by 4:30 pm.
- A cancellation fee of \$ 150.00 may be charged if the patient reschedules or cancels within five (5) business days, before the procedure appointment.

√ **MEDICATIONS**

- Aspirin, diabetic medications/insulin, anticoagulation medications, blood thinners; must be discussed with your Physician, Nurse Practitioner or Physician Assistant at the time of the pre-procedure office visit.
- All other medications should be taken the morning of the procedure, as prescribed, **3 or more hours prior to the procedure start time with a small sip of water.**
- Do not stop any medications unless instructed.

FOLLOW THE TABLE BELOW ON THE DAY OF YOUR PROCEDURE:

11:00 pm on _____	Patients may not have any solid foods after 11:00 pm the night before the procedure.
Four (4) hours before your scheduled procedure time _____	Patients may continue drinking clear liquids, up to four (4) hours before the procedure. During the four (4) hours before your procedure, take nothing by mouth, not even water, chewing gum or candy. If you do, the procedure will be canceled.

√ **LAST MINUTE CHECK LIST:**

- If a physician has prescribed for you an inhaler for asthma, bring it with you to the procedure.
- **Take your blood pressure, Parkinson’s, seizure or asthma medications. Please take these medications 3 or more hours prior to the procedure start time with a small sip of water.**
- Bring with you your photo ID, insurance cards, co-payment if required.
- Leave valuables and jewelry at home and wear comfortable clothing.
- Avoid wearing perfume or lotions on the day of your procedure.

PLEASE LIST:

NAME OF ESCORT HOME: _____ **RELATIONSHIP:** _____

PHONE NUMBER: _____



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First in Digestive Health