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EGD/UPPER ENDOSCOPY Prep Instructions

Patient Name: _____

Date: _____ Arrival Time for Procedure: _____

With Doctor: _____

Location: Ambulatory Endoscopy Center of Maryland Laurel Regional Hospital
 Washington Adventist Hospital Howard County General

You will be given sedation for your procedure and **MUST** have a ride **FROM** the examination. You **CANNOT** drive yourself home and **MUST** be accompanied by a responsible adult. You **MAY NOT** go home on public transportation alone. Pick up time will be approximately 1 hour after the procedure start time.

In order to be properly prepared for your procedure, please review the Pre-Procedure requirements on the attached sheet **one week** prior to your exam and follow the instructions carefully.

It is very important that you follow each step and complete all of these instructions or the EGD/UPPER ENDOSCOPY may have to be repeated.

Should you have any questions please contact our office at **301-498-5500**.

If you should need to reschedule your procedure, we require at least 48 hour notice. If you fail to report on your procedure day or if you cancel your procedure with less than 48 hour notice, you may be subject to a \$150.00 late cancellation fee.

*Address & Directions to Ambulatory Endoscopy Center of MD: **7350 Van Dusen Road, Suite 230, Laurel, MD 20707**. Take I 95 to exit 33 A, Route 198 towards Laurel. At first intersection, turn right onto Van Dusen Road. At 5th traffic light, make a right into the Laurel Regional Hospital driveway. The Medical Arts Pavilion is on the right. You should report to Suite 230.*

EGD/UPPER ENDOSCOPY PREP INSTRUCTIONS CAPITAL DIGESTIVE CARE, LLC

Appointment Day:	M	Tu	W	Th	F
Date:	_____				
Arrival Time:	_____				

Information Regarding Your EGD

This procedure is an examination that allows the physician to examine the lining of the esophagus, stomach & duodenum. You will be sedated and asked to lie on your side. The physician gently inserts the endoscopy into your mouth, then the tube is passed into the stomach & the duodenum.

Step 1:

(5) Five days before your EGD: **Date:** _____

- Please read through entire instruction sheet
- Discontinue medications containing iron
- Discontinue Ibuprofen, Advil/Motrin/Aleve & Anti-Inflammatory Medications & other NSAIDS. _____
- You may use Tylenol (Acetaminophen) for discomfort
- Discontinue blood thinners/anticoagulation medications (e.g. Plavix/Coumadin/Warfarin/Eliquis) as instructed by your physician, but take all other medications including blood pressure medication
- Arrange your ride home from your procedure

Notes: _____

Step 2:

Day of your EGD: **Date:** _____

- NO gum, mints, hard candy or smoking day of procedure**
- DO NOT eat, smoke or chew anything from midnight until after your procedure**
- You may drink clear liquids up to 4 hours before leaving for your procedure. **Stop time:** _____
- Examples of clear liquids: coffee or tea (no milk or milk products), clear broth or bouillon, carbonated or non-carbonated soft drinks such as 7-Up, Sprite, Ginger Ale, Mt. Dew (regular or diet), lemonade (no pink lemonade or pulp), fruit juices without pulp, Jell-O (yellow or green only), popsicles (yellow, green, orange only), hard candy
- In the morning**, take all other medications including blood pressure medication with sips of water
- If you are asthmatic**, please bring your inhaler with you on the day of your procedure.
- Please bring with you:** insurance cards, any co-payment required, medical history forms, driver's license or photo ID. Leave valuables & jewelry at home. Wear comfortable clothing.
- Your ride must park and come into the center waiting room to escort you home.

Notes: _____

You may receive a total of 4 statements; (1) Ambulatory Endoscopy Center of MD (facility), (2) Capital Digestive Care (physician), (3) Corridor Anesthesia (anesthesia) & (4) Capital Digestive Care Pathology (pathology). 11/08/17 GG/RJ