



GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology, Hepatology and Gastrointestinal Endoscopy

Upper Endoscopy Prep

Patient Name: _____ Date of Endoscopy: _____

Arrival Time: _____ which is _____ before your procedure.

Place:	Gastroenterology Associates	Deaconess	St. Mary's
	Suite 110 W	Main Lobby	Main Lobby
	801 St. Mary's Dr., Evansville	Patient Registration	Patient Registration
	(812)477-6103	(812)450-3095	(812)485-4806

*Because of the medications you will receive, **You must have someone drive you home after the procedure.**

Preparing for your Endoscopy:

Please notify us if you are a diabetic or taking any **blood thinning** medications, (examples: Aspirin, Coumadin, Plavix). You must stop taking Coumadin 5 days and Plavix 7 days prior to your procedure. Please check with your primary care physician before stopping medications

No solid foods after midnight. You may drink clear liquids until _____ the morning of your procedure, (examples – soft drinks, water, clear fruit juices, black coffee, Boost Breeze). Please avoid liquids containing red dye.

You must take any heart, blood pressure or seizure medication that you normally take with a small sip of water the morning of your procedure.

** ***Please note: Some insurances do require outpatient precertification. It is your responsibility to notify us if precert is required for your procedure.***

IF YOU HAVE ANY QUESTIONS PLEASE CALL 477-6103

Thank You