



# GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology, Hepatology and Gastrointestinal Endoscopy

## Upper Endoscopy Prep (Dilation)

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** aspirin, arthritis medications, anti-inflammatories (ex. Advil, Ibuprofen, Nuprin, Aleve, Motrin) and Plavix for 7 days prior to your procedure. **Stop** Coumadin 5 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*