



CHARLOTTE  
GASTROENTEROLOGY &  
HEPATOLOGY, P.L.L.C.

**EGD (UPPER ENDOSCOPY) PREP**

Patient: \_\_\_\_\_ Doctor: \_\_\_\_\_

Location: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

If applicable for 5 days prior to procedure: do not take **Coumadin or Plavix**. If you normally take Coumadin or Plavix, then **please contact the prescribing physician to make sure that it is okay to stop them for 5 days**. If it is not okay, please contact our office. Do not stop aspirin for the procedure.

**NOTHING TO EAT AFTER MIDNIGHT THE EVENING BEFORE YOUR PROCEDURE.**

**YOU MAY HAVE CLEAR LIQUIDS THE MORNING OF YOUR EXAM  
4 hours prior to procedure.**

Someone must bring you to the procedure, remain at the facility during your procedure, and drive you home after the procedure. **NO TAXIS**. Otherwise your procedure will be canceled.

**Blood pressure and heart medications may be taken the morning of your test with a small sip of water.**

If you have any questions, please call 704-377-4009.

If you need to cancel or reschedule an **IN-OFFICE** procedure, please notify us within three business days of a cancellation, otherwise a \$100.00 fee will be assessed.