



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, 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. If you take Phentermine, please stop 14 days prior to the procedure.

NOTHING TO EAT AFTER MIDNIGHT THE EVENING BEFORE YOUR PROCEDURE.

You may have clear liquids until 4 hours before your procedure.

Someone at least 18 years of age must bring you to the procedure, remain at the facility during your procedure, and take you home after the procedure. 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 at least three business days prior to your appointment, otherwise a \$100 fee will be assessed.