

Upper Endoscopy (EGD) Instructions

| | is form contains instructions for your EGD procedure. They should be followed to make ur examination as safe and accurate as possible. |
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| | ur EGD is scheduled on at Report to the Endoscopy Center James Barrett Building located on 10231 Old Ocean City Blvd, Suite #205, Berlin MD 21811. |
| Ple | ease arrive at *** ARRIVAL TIMES ARE SUBJECT TO CHANGE*** |
| ins | you have any questions or concerns regarding your scheduled procedure and/or tructions, please call our office at (410) 629-1450. ISTRUCTIONS FOR EGD |
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| 1. | Blood may have been drawn for the following lab test prior to EGD (CBC with platelets, PT |
| | and PTT). The office will notify you if these tests are necessary. |
| 2. | |
| | (Aspirin, Celebrex, Ibuprofen, Ketorolac, Naproxen, Aleve, etc.) type arthritis medicines all |
| | blood thinners five days prior to the procedure. You may continue to use Tylenol during |
| | this period. |
| | All other medications should be continued until the morning of your procedure. |
| 3. | Light dinner. Nothing solid after 12am. |
| | Do not eat or drink anything after midnight. You may have clear liquids 4 hours prior |
| | to arrival. |
| 4. | If you take insulin, blood pressure or heart medications, the office will notify you whether |
| | these should be taken in the morning of your test with a sip of water. |
| | (No medications except what is listed morning of test) |
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| 5. | You must bring someone with you who will be responsible for driving you home. You may |
| | not arrive in Uher or Cab unless you have someone 18 years or older with you |

BRING PHOTO ID, INSURANCE CARDS AND COVID VACCINE CARD OR PHOTO IF VACCINATED.

6. If you need to cancel or re-schedule please try to give 7 days' notice if at all possible.7. If you have any medical issues that arise once procedure has been scheduled please contact surgery scheduler immediately to determine if needs to be re-scheduled.