Upper Endoscopy (EGD) Preparation

Name: _____ DOB: _____

THE DAY OF YOUR UPPER ENDOSCOPY:

- No solid food allowed after midnight
- You may have clear liquids until 3 hours prior to your procedure.
- Nothing by mouth starting 3 hours prior to your procedure including gum and hard candy

CLEAR LIQUIDS – EXAMPLES:

Please NOTHING red, purple, or with pulp

Drinks – Gatorade, Powerade, Sports drinks are encouraged for their electrolytes
Black coffee or tea, plain with **NO cream or milk.** Any flavor soda or soft drink
Any flavor clear juice such as white grape juice or apple juice

Desserts – Gelatin, Jell-O, Slurpee, and popsicles.
NO red or purple, NO sherbets, NO smoothies

Soups – Clear broth which can be canned, home-made, or bouillon

Sweets – Hard candy such as mints, lifesavers, and gum

FUTHER INSTRUCTIONS:

- Confirm with us if blood thinners such as Plavix, Coumadin, Warfarin, Pradaxa, or Xarelto need to be stopped
- We do not ask patients to stop their aspirin especially if taken for cardiac or vascular disease
- You may take your heart and blood pressure medicine the morning of the procedure

Tel: 757.942.2566 • Fax: 757.932.9279
2790 Godwin Blvd, Suite 205, Suffolk, VA 23434-1874 • www.VirginiaGastro.com

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Date and Time of Your Procedure

_____

Arrival Time to Procedure Location

_____

Location of Procedure:

☐ **Sentara Obici Outpatient Surgery Center**
2800 Godwin Blvd, Suffolk, VA 23434
Second floor of main hospital building

☐ **Lakeview Ambulatory Surgery Center**
2000 Meade Pkwy, Suffolk, VA 23434
East entrance

Important Transportation Note

Patients CANNOT drive a vehicle for the remainder of the day after having an endoscopy. Please be sure to bring a responsible adult with you to drive you home after the procedure.

Procedure Cancellation and No-Show Policy

Our office must be notified of all procedure cancellations prior to 48 hours of the procedure. Appointments cancelled within 48 business hours of the procedure time or a missed appointment is subject to a **$100** no show fee. To cancel a procedure, please call our office at 757-942-2566.

By signing below, I acknowledge that I have read and understood the information provided on this form. I understand that I am responsible for adhering to the preparation and all policies listed above, which were reviewed with me by _____ on _____.

PATIENT NAME: _____ DOB: _____

PATIENT SIGNATURE: _____ DATE: _____

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