



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

Are you on a blood thinner? YES _____ NO _____



Upper Endoscopy (EGD) Preparation

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

BelleHarbour Medical Building
3910 Bridge Rd Suite 101, Suffolk, VA 23435
First floor, side entrance facing Bridge Rd

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. Someone must stay with you overnight that evening.

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: _____