PREP FOR ESOPHAGOGASTRODUODENOSCOPY (EGD)

PLEASE NOTE: The instructions below are for your safety. Please read them thoroughly. You will receive anesthesia for this procedure. If your stomach is not empty when you receive anesthesia it may put you in unnecessary danger. Please also note that you MUST have a ride home who is present with you at the time of your procedure. You may **NOT** take a cab service home because you will be under the influence of anesthesia. Your ride home MUST be present inside the office suite at the time of your discharge. Your ride home should anticipate being on the premises for approximately 2 hours.

NIGHT BEFORE PROCEDURE:

NOTHING to eat or drink after midnight.

DAY OF PROCEDURE:

NOTHING to eat or drink, NO WATER, NO GUM, NO CANDY after midnight the night before. You may brush your teeth. You may take Heart/Blood Pressure medications or anti-seizure medications with just a SIP of water 3 HOURS PRIOR TO YOUR PROCEDURE TIME.

****IF this procedure is scheduled for 12 noon or later, you may have a clear liquid breakfast BEFORE 8:00a.m. NOTHING TO EAT OR DRINK, NOT EVEN WATER, until after the procedure. **** !!NO GUM OR CANDY THE MORNING OF YOUR PROCEDURE!!

SPECIAL INSTRUCTIONS FOR MEDICATIONS:

Report To: 2675 N. Decatur Rd, Suite 506

Heart/blood pressure meds or anti-seizure meds	take with a small sip of water		
Insulin	½ evening dose the night before //NONE on morning of test		
Oral diabetic medications	NONE on day of procedure		
Blood thinners	stop 5 days before procedure		
Fish oil,omega 3 or omega 6, Multivitamin, Iron	stop 5 days before procedure		
ASPIRIN /AND like products Advil, Motrin, Naprosyn,	stop 5 days before procedure		
Goodies, BC, Ibuprofen, etc			

Report To: 2675 N. Decatur Rd, Suite 506		or Dekalb Medical Center (Go through ER)			
Pre-op Arı	rival time:	Procedure time:	Day:	Date:	
1.	ARRIVE WITCAB. These p	O PROCEDURE. SOMEO TH YOU, AND DRIVE Y policies are in place for you e let us know in advance.	OU HOME. YOU ur safety. If you i	U MAY <u>NOT</u> GO HOM need to use a medical t	ME BY ransport
2	that will cost	you approximately \$30.00 JRRENT LIST OF YOUR	one way.	•	

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- IF you are diabetic please check your blood sugar prior to coming to the office for your 3. procedure.
- 4. If you have any further questions or need to reschedule, please call **404-299-1679**.

As a courtesy we will file your insurance for your Physician's Services and Dekalb Endoscopy Center charges. Your insurance carrier will process these according to your plan descriptions.

Anesthesia Service and Pathology Services bill separately.