

Upper Endoscopy Preparation (EGD)

DATE: _____

PROCEDURE TIME: _____ CHECK-IN TIME: _____

DESERT ENDOSCOPY CENTER 602 W BASELINE RD MESA, AZ 85210 PHONE: (480) 969-0405 PATHOLOGY: (855) 420-8240 DEC ANESTHESIA: (480) 969-0405	OCOTILLO SURGERY CENTER 3920 S ROME ST GILBERT, AZ 85297 PHONE: (480) 597-4778 PATHOLOGY: (855) 420-8240 SW ANESTHESIA: (602) 424-7967	SOUTHWEST ENDOSCOPY 2223 E BASELINE RD STE B GILBERT, AZ 85234 PHONE: (480) 289-5266 PATHOLOGY: (855) 420-8240 GC ANESTHESIA: (602) 343-2944
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7 days prior to the procedure:

1. **PLEASE DISCONTINUE** all blood thinning and anti-inflammatory medications. This includes, but not limited to, Coumadin, Plavix. Also discontinue any NSAID's (nonsteroidal anti-inflammatory drugs) such as, but not limited to, aspirin, aspirin type products, Ibuprofen, Aleve, Advil, etc.
****TYLENOL MAY BE TAKEN****
2. If your doctor has prescribed any of the medications listed above, please consult with your doctor before discontinuing.

If you are diabetic, check with your primary care doctor regarding diet and medication instructions.

INSTRUCTIONS FOR YOUR PREP:

_____ **MORNING** appointment: Nothing to **EAT** or **DRINK** after **MIDNIGHT**.

_____ **AFTERNOON** appointment: **NO** food after midnight. Nothing to **DRINK** after _____ **AM**
(Nothing to eat or drink 4 hours before the procedure time)

Examples of clear liquids: Coffee (no cream), Tea, Sprite, Ginger Ale, Apple Juice, Gatorade

NO PURPLE, RED, OR BLUE LIQUIDS

To stay within the Covid-19 guidelines, please **arrive 1 hour before the procedure**.
Please also have the name of your driver and phone number available at check in.
(No cabs or Uber unless accompanied by someone 18 years or older).

It is the patient's responsibility to inquire about facility, anesthesia and pathology fees.
All phone numbers are located above.