



ENDOSCOPY OUTPATIENT

Date Of Procedure: ____/____/____ Time: ____ : ____ AM/PM

Report to Digestive Health GI LAB (900 W. Nelson) Arrive at : ____ : ____ AM/PM

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

Medications:

- Blood pressure and heart medication may be taken until 7AM the morning of your procedure with a sip of water.
- If you are on Pradaxa, Xarelto, Brilinta or Eliquis discontinue 2 days prior to your procedure.
- If you are on Plavix, Clopidogrel, Coumadin or Warfarin discontinue 5 days prior to your procedure.
- If you take any aspirin you may continue to take.
- If you have any loose teeth please contact the office.

Diabetics:

- Do not take diabetic medications the day of your procedure. Please check your blood sugar at home the day of your test.
1. Since you will receive IV anesthesia for this procedure, you may not drive yourself home. Make sure to make arrangements for a ride home.
 2. It is your responsibility to notify our office with any changes to your insurance at least 3 days prior to the test.

CANCELLATION FEE:

- Due to escalating costs, failure to give cancellation of your procedure will result in a \$100.00 cancellation fee. Notifications must be given 3 days prior to the test.

THE HOSPITAL WILL CALL YOU 1 WEEK PRIOR TO YOUR PROCEDURE TO SET UP COVID TESTING. MUST BE DONE 3 DAYS PRIOR TO YOUR TEST.

AFTER GETTING TESTED YOU MUST QUARANTINE UNTIL THE DAY OF YOUR TEST