



Albany Gastroenterology Consultants, P.C.

YOUR PROCEDURE IS SCHEDULED AT:

___ ST. PETER'S HOSPITAL - 315 South Manning Boulevard, Albany (4TH Floor, Ambulatory Surgery)

___ ALBANY MEMORIAL HOSPITAL - 600 Northern Boulevard, Albany (Main Entrance – Outpatient Registration)

PATIENT NAME: _____ PHYSICIAN: _____

PROCEDURE DAY/DATE: _____

PROCEDURE TIME: _____ ARRIVAL TIME: _____

PREPARED BY: _____ Ext. _____

Preparation Instructions: Upper Endoscopy (EGD) with BRAVO

*Please remember to arrange for a responsible adult to be with you during the procedure. If you do not have a responsible adult driver, your procedure will be cancelled and rescheduled. Review the preparation schedule below for the days preceding your EGD WITH BRAVO.

*If you have a change in insurance prior to your procedure, you must notify the office immediately. If you need further assistance, please call (518) 438-4483.

<u>1 Week Prior</u>	<u>3 Days Prior</u>	<u>1 Day Prior</u>	<u>Procedure Day</u>
<p>Arrange for a responsible adult to stay with you and take you home post-procedure.</p> <p>*****IF YOU ARE AN INSULIN DEPENDENT DIABETIC, YOU MUST NOTIFY THIS OFFICE WHEN YOUR PROCEDURE IS SCHEDULED.</p> <p>You may continue your "baby" or regular aspirin. Let us know if you are on Coumadin, Plavix or Lovenox.</p> <p>STOP taking these medications:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Last chance to cancel your appointment.</p> <p>Our office requires a minimum of 48 hours notice when canceling or rescheduling a procedure.</p> <p>Please call our office if you need to reschedule your appointment: 518-438-4483</p>	<p><u>Morning Procedures:</u> Do not eat or drink anything after midnight the evening before your procedure.</p> <p><u>Afternoon Procedures:</u> You may have CLEAR LIQUIDS up to 6 hours prior to your procedure.</p> <p><u>Clear Liquid Suggestions:</u> Water - Broth or bullion - Consomme – Coffee/tea with NO milk - Gatorade - Soft Drinks - Juices without pulp - Clear Jell-O (no pudding) – Popsicles/Italian Ice *NOTHING RED OR PURPLE*</p> <p><u>MEDICATION PREPARATION:</u> ___ You may take these medications before the test: ACIPHEX, NEXIUM, PREVACID, PRILOSEC, PROTONIX</p> <p>___ You may not take these medications ___ days before the test: ACIPHEX, NEXIUM , PREVACID, PRILOSEC, PROTONIX</p> <p>You must stop any Coumadin ___ days before the test. Date to stop: _____</p> <p>___ Stop any antacids & Reglan 24 hours before the test. Date to stop: _____</p> <p>___ No sleeping pills, sedatives, pain medications or muscle relaxers the night before the test.</p> <p>___ You may take these medications before the test: AXID, PEPCID, TAGAMET, ZANTAC.</p> <p>___ You may not take these medications for ___ days before the test: AXID, PEPCID, TAGAMET, ZANTAC.</p>	<p>If you take medication, you may have it in the morning 2 hours prior to the procedure with a small amount of water.</p> <p>Arrive one hour before scheduled procedure time.</p> <p>NO DRIVING – you must have a responsible adult to assist you in getting home. You <u>cannot</u> drive. If you do not have a responsible adult to assist you in getting home, the procedure will be canceled.</p> <p>Do not drive, operate machinery which requires alertness, or sign legal documents for 24 hours after the procedure, then only if you feel alert, i.e. no dizziness or drowsiness.</p> <p>BIOPSY RESULTS: Please call our office if you have not heard from us within 10 business days following your procedure.</p>