



Albany Gastroenterology Consultants, P.C.

YOUR PROCEDURE IS SCHEDULED AT:

- ___ ENDOSCOPY CENTER - 1375 Washington Avenue, Albany (2nd Floor, Suite 201)
- ___ ST. PETER'S HOSPITAL - 315 South Manning Boulevard, Albany (4TH Floor, Ambulatory Surgery)
- ___ ALBANY MEMORIAL HOSPITAL - 600 Northern Boulevard, Albany (Main Entrance – Outpatient Registration)
- ___ ALBANY MEDICAL CENTER - 47 New Scotland Avenue, Albany (Outpatient Registration)

PATIENT NAME: _____ PHYSICIAN: _____

PROCEDURE DAY/DATE: _____

PROCEDURE TIME: _____ ARRIVAL TIME: _____

PREPARED BY: _____ Ext. _____

Preparation Instructions:
Upper Endoscopy (EGD)
Esophagogastroduodenoscopy

*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 upper endoscopy.

*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 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 after midnight the evening before your procedure. You can have clear liquids up to 6 hour prior to your procedure (until _____).</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></p> <p>Water Broth or bullion consomme Coffee or tea with NO milk *Gatorade *Soft Drinks *Juices without pulp *Clear Jell-O (no pudding) *Popsicles or Italian Ice *NOTHING RED OR PURPLE</p>	<p>You may take your essential morning medications unless otherwise directed by your physician. Limit liquids to a few small sips to take your meds.</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 cannot 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>