



**YOUR EGD IS SCHEDULED FOR:**

Date of Procedure: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Provider: \_\_\_\_\_

Facility Name/Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

***Missed appointments or appointments that are cancelled without a 72 hour notice, may be subject to a fee.***

**PREPARING FOR EGD**

**PLEASE REVIEW THE INSTRUCTIONS AT LEAST 7 DAYS PRIOR TO THE PROCEDURE.**



- If you are taking blood thinners, insulin or oral medications for diabetes, please let our office know and call the prescribing physician for special dosing instructions.
- Please make sure that you have a responsible adult with you upon arrival at the facility. This adult must stay at the facility during the procedure and drive you home afterwards. You will be unable to drive due to the sedation you will receive. You may not take a Lyft, Uber or other public transportation to or from the facility.

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**