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## UPPER ENDOSCOPY (EGD) PREPARATION

Patient Name: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

<b>In Advance, Before Procedure</b>	<b>3 Days Prior Date: _____</b>	<b>2 Days Prior Date: _____</b>	<b>1 Days Prior Date: _____</b>	<b>Procedure Day Date: _____</b>
<ul style="list-style-type: none"> <li>➤ <b>Arrange:</b> for a responsible adult to stay with you during the procedure and drive you home after the procedure.</li> <li>➤ <b>Stop taking these medications:</b> Plavix (Clopidogrel)</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>➤ <b>Last Day to Cancel:</b> Call the office if you need to reschedule your appointment or if you have any questions: (951) 652-2252</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Confirm:</b> confirm with an adult that you have arrangements to be driven home after procedure.</li> <li>➤ <b>Stop taking these medications:</b> Coumadin (Warfarin)</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>If you have Co-Pay, we will call you prior to your procedure to inform you. <b>Your Co-Payment is due at the time of service. CASH, CREDIT CARD, DEBIT or MONEY ORDER only.</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Stop taking these medications:</b> Pradaxa (Dabigatran) Xarelto (Rivaroxaban) Eliquis (Apixaban).</li> <li><b>If we have not called you to tell you your Co-Pay, please call our office (951) 652-2252.</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Midnight:</b> Do not have anything to eat or drink after midnight. You may take any necessary medication with a small sip of water only.</li> <li>➤ <b>Stop taking these medications:</b> Lovenox (Enoxaparin) Arixtra (Fondaparinux)</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Do not have anything to eat or drink until after your procedure is completed.</b></li> <li>➤ <b>Bring:</b> Responsible driver, Insurance Card, Photo ID, and Co-Pay fees.</li> <li>➤ <b>Note:</b> The quality of your prep is the one thing you can control and will give the doctor the best view possible without having to repeat the procedure.</li> </ul>

You will receive a call from our office the evening prior to your appointment. Monday-Friday between 12:00 p.m. - 3:00 p.m. for your procedure check-in time.

Initials:  Your initials confirm that you have been given this information.



**PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS**

➤ Co-Payment or any money due prior to your procedure must be paid in cash, credit or money order.

➤ The entrance to the Hemet Endoscopy Center is around the back of the parking lot, Suite #104.

➤ **Discontinue all blood thinners below:**

Coumadin (Warfarin)	3 days prior to procedure
Plavix (Clopidogrel)	7 days prior to procedure
Lovenox (Enoxaparin)	24 hours prior to procedure
Arixtra (Fondaparinux)	24 hours prior to procedure
Pradaxa (Dabigatran)	2 days prior to procedure
Xarelto (Rivaroxaban)	2 days prior to procedure
Eliquis (Apixaban)	2 days prior to procedure

➤ **If Diabetic please follow these guidelines:**

If taking Lantus or long acting Insulin, take only a 1/2 dose at midnight before your procedure, and **bring Insulin with you the day of procedure.**  
Glimepiride (Amaryl) hold day of procedure  
Glucotrol (Glipizide) hold day of procedure  
Actos (Pioglitazone)  
Invokana (Canagliflozin)  
Januvia (Sitagliptin)

➤ NOTHING TO EAT OR DRINK AFTER MIDNIGHT

➤ ABSOLUTELY NO EATING OR DRINKING THE DAY OF YOUR PROCEDURE

➤ YOU MAY TAKE ANY NECESSARY MEDICATION WITH A SMALL SIP OF WATER ONLY!

➤ **Cancellation Policy:** We require a minimum of 4 working days notice of cancellation or there will be a minimum charge of \$200.

➤ Do not plan on working or driving the rest of the day following your procedure due to sedation given during the procedure.

➤ Please Provide a contact number for procedure confirmation. (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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