



GI Excellence, Inc.

MILAN S CHAKRABARTY, M.D.
SANDRA DEL VALLE, PA-C

TAHIR QASEEM, MD. F.A.C.P., F.A.C.G.
YAHAIRA SANCHEZ, FNP-C

1003 E FLORIDA AVE. SUITE 101
HEMET, CA 92543
PH: (951) 652-2252 FAX: (951) 658-6476

UPPER ENDOSCOPY (EGD) PREPARATION

Patient Name: _____ Procedure Date: _____

In Advance, Before Procedure	3 Days Prior Date: _____	2 Days Prior Date: _____	1 Days Prior Date: _____	Procedure Day Date: _____
<ul style="list-style-type: none"> ➤ Arrange: for a responsible adult to stay with you during the procedure and drive you home after the procedure. ➤ Stop taking these medications: Plavix (Clopidogrel) _____ _____ _____ _____ ➤ Last Day to Cancel: Call the office if you need to reschedule your appointment or if you have any questions: (951) 652-2252 	<ul style="list-style-type: none"> ➤ Confirm: confirm with an adult that you have arrangements to be driven home after procedure. ➤ Stop taking these medications: Coumadin (Warfarin) _____ _____ _____ _____ If you have Co-Pay, we will call you prior to your procedure to inform you. Your Co-Payment is due at the time of service. CASH, CREDIT CARD, DEBIT or MONEY ORDER only. 	<ul style="list-style-type: none"> ➤ Stop taking these medications: Pradaxa (Dabigatran) Xarelto (Rivaroxaban) Eliquis (Apixaban). If we have not called you to tell you your Co-Pay, please call our office (951) 652-2252. 	<ul style="list-style-type: none"> ➤ Midnight: Do not have anything to eat or drink after midnight. You may take any necessary medication with a small sip of water only. ➤ Stop taking these medications: Lovenox (Enoxaparin) Arixtra (Fondaparinux) 	<ul style="list-style-type: none"> ➤ Do not have anything to eat or drink until after your procedure is completed. ➤ Bring: Responsible driver, Insurance Card, Photo ID, and Co-Pay fees. ➤ Note: 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.

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. (____)____-_____

Initials:

Your initials confirm that you have been given this information.