

# GASTROSCOPY/EGD PREP INSTRUCTIONS

You are scheduled on \_\_\_\_\_ with Dr. \_\_\_\_\_

Be at the marked location by \_\_\_\_\_ AM / PM ***Plan to be at the facility for approximately 3 hours.***

*You will be sedated and **MUST** bring someone over the age of 18 years old to **stay** with you and drive you home safely. No one will be allowed to Uber/Lyft/Taxi/bus, unless accompanied by a responsible adult. Please note that you cannot drive for 24hours after anesthesia.*

## MEDICATIONS:



- If you are taking ANY blood thinners, i.e. Coumadin (Warfarin), Plavix, Pradaxa, Pletal, Eliquis, Effient, Xarelto, Brilinta, call our office for instructions on the possibility of stopping the medicine.
- You **MUST** take your Blood Pressure, Heart, Seizure, Parkinson's, Asthma or Myasthenia Gravis medications (if normally taken in the morning) **4 hours before your procedure, with a small sip of water.**
  - All other medications can be taken after the procedure.
- If you take any dosage of Aspirin – **DO NOT STOP TAKING IT!** Continue as normal.
- Unless specified below, continue your medications like normal.
- **For INSULIN dependent patients** – please call the doctor that controls your diabetes for instructions.

## ONE WEEK PRIOR:

- **Stop** taking Ozempic/Wegovy/Mounjaro/Semaglutide

## FIVE DAYS PRIOR:

- **Stop** any Iron pills, Pepto-Bismol, Fish Oil, Vitamin E and/or Herbal Medicine.
- **Stop** any diet/appetite suppressants, such as phentermine.
- **Stop** taking any ADHD/ADD medications i.e., Adderall/Vyvanse, if your body allows you to stop this medication.

## ONE DAY PRIOR:

- **Avoid** using un-prescribed recreational/street drug(s) including marijuana.
- **DO NOT** take any **ORAL** Diabetic medication.



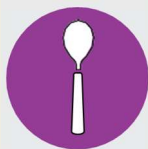
**IF YOU ARE SICK**, have ANY cold symptoms, taking antibiotics, pending Heart/Pulmonary testing, or have any major changes in your medical history – Please Call Our Office Immediately for Instruction.

**1 DAY PRIOR** to your procedure, consume only a **CLEAR LIQUID DIET after 6 pm**. A clear liquid diet consists only of liquids that you are able to read a newspaper through. **NO SOLID FOODS!** No alcohol, milk/milk products, or non-dairy creamers.

**NO RED OR PURPLE!**

**CLEAR LIQUID DIET INCLUDES** (limiting yourself to only water will make you nauseous/vomit when starting prep):

- Water, mineral water
- Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade, etc.)
- Clear carbonated and non-carbonated soft drinks
- Sports drinks (Gatorade, Powerade), Pedialyte and/or Ensure Clear
- Broth (chicken, beef, vegetable, or bone broth)
- Popsicles, Sorbets, or gelatin (such as Jell-O)
- Coffee or tea (without milk or cream: sugar is okay)

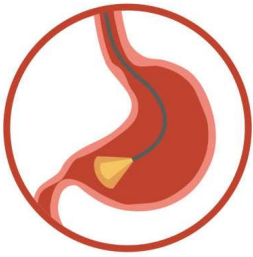


**FINANCIAL POLICY: Any Co-pay and/or Deductibles will be collected at the time of service.**

**Please call our billing department for further assistance at 407.896.1726 ext. 405, prior to the procedure date.**

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## YOUR PREPARATION:



**NIGHT BEFORE** your procedure, **do not eat solid foods after 6:00PM**. You may have a normal diet until 6:00pm. Clear liquids can be consumed until four hours prior to your procedure time.

**STAY HYDRATED** with at least 12 tall glasses (about 8-10 ounces each) of clear liquids throughout the evening, to prevent dehydration.

**4 HOURS BEFORE** your procedure, you should **STOP DRINKING ALL CLEAR LIQUIDS**. This means that you should not have anything by mouth 4 hours before your procedure and onward. This includes no breath spray, candy, gum, mints. You may brush your teeth.

**\*\*FAILING TO FOLLOW INSTRUCTIONS WILL RESULT IN CANCELLING OF YOUR PROCEDURE (fee applies)  
\*\*WE REQUIRE A 48 HOUR NOTICE FOR ANY CANCELLATIONS TO AVOID A \$150 CHARGE**

**CENTER FOR DIGESTIVE ENDOSCOPY**  
1817 N MILLS AVE  
ORLANDO, FL 32803

**SUMMERPORT SURGERY CENTER**  
5151 WINTER GARDEN VINELAND RD  
STE 108  
WINDEREMERE, FL 34786

**ADVENT HEALTH WINTER GARDEN ASC**  
2000 FOWLER GROVE BLVD  
WINTER GARDEN, FL 34787

**SOUTH LAKE ENDOSCOPY**  
2040 OAKLEY SEAVER DR  
CLERMONT, FL 34711

**ADVENT HEALTH ORLANDO**  
601 E ROLLINS ST  
ORLANDO, FL 32803

**ADVENT HEALTH, HEALTH VILLAGE**  
2415 N ORANGE AVE  
STE 201  
ORLANDO, FL 32804

**ORLANDO HEALTH**  
52 W UNDERWOOD ST  
ORLANDO, FL 32806

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_