

SOUTHEAST VALLEY GASTROENTEROLOGY CONSULTANTS, P.C.
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Patient Name: _____.

Procedure performed by: _____.

Facility: Chandler Regional Hospital **Date:** _____ **Check In:** _____ a.m/p.m.

INSTRUCTIONS FOR EGD/ERCP

THE FOLLOWING MEDICATIONS MUST BE DISCONTINUED 7 DAYS BEFORE YOUR PROCEDURE, OTHERWISE YOUR PROCEDURE WILL BE CANCELED.

Supplements such as iron and vitamin E. Multivitamins may be continued.

Anti-inflammatory medications such as aspirin (Anacin, Excedrin), ibuprofen (Advil, Motrin), naproxen (Aleve, Anaprox, Naprosyn), diclofenac (Arthrotec, Voltaren, Cataflam), oxaprozin (Daypro), piroxicam (Feldene), indomethacin (Indocin), ketoprofen, ketorolac, etodolac (Lodine), meloxicam (Mobic), nabumetone (Relafen), salsalate, sulindac. Tylenol is fine to take if you have discomfort.

Medications to thin the blood such as warfarin (Coumadin), clopidogrel (Plavix), ticlopidine (Ticlid), dipyridamole (Persantine).

If you have questions regarding a medication not listed above, please contact our office at least one week prior to the egd.

THE NIGHT BEFORE YOUR TEST:

_____ **Nothing to eat or drink after midnight, including water and medications.**

_____ **Nothing to eat after midnight. You may have water *only* until _____ a.m.**

DAY OF PROCEDURE:

- Please leave valuables at home.
- You will be unable to drive yourself home. You **MUST** have a close friend/relative present so the physician can speak with them after the procedure and to make sure you arrive home safely. If you arrive on the day of the procedure without an appropriate escort, the procedure will be cancelled. **(For those patients with special transportation needs, please check with our office staff on options.)**

OTHER INFORMATION:

- **Standard Procedures** that are canceled or rescheduled within 7 calendar days of the scheduled date will incur a \$25 fee. (Patients scheduled within 14 days of the procedure will not be subject to the fee for rescheduling or canceling.) **Procedures that are scheduled with Anesthesia** will automatically incur a \$50 fee if proper notice of 7 calendar days is not given. **No Shows or same day cancellations** will incur a \$75 fee. **No Exceptions.**
- If you have a condition that requires an antibiotic prior to procedures, please contact our office. In most cases, antibiotics will not be required prior to your egd. Conditions that may require antibiotic prophylaxis include artificial heart valves and history of endocarditis.

_____ Please initial here acknowledging you have read and understand the above instructions.