## SOUTHEAST VALLEY GASTROENTEROLOGY CONSULTANTS, P.C. 875 S. Dobson Rd. Chandler, AZ 85224 (480) 899-9800 FAX (480) 899-2994 2730 S. Val Vista Drive Ste. 158 Bldg. 10 Gilbert, AZ 85296 Phone: (480) 782-5005

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Patient Name:	Proced	Procedure performed by:		
Facility:	Date:	Check In:	a.m/p.m.	
	INSTRUCTIONS F CATIONS MUST BE DISCON SE YOUR PROCEDURE WIL	TINUED <u>7 DAYS</u> BEFOR	RE YOUR	
Supplements such as iron and	d vitamin E. Multivitamins may	be continued.		
Anaprox, Naprosyn), diclofer indomethacin (Indocin), ketop salsalate, sulindac. Tylenol is	ions such as (Anacin, Excedrin), ac (Arthrotec, Voltaren, Cataflar profen, ketorolac, etodolac (Lodins fine to take if you have discomf	m), oxaprozin (Daypro), piro ne), meloxicam (Mobic), nal ort. You may also continue o	oxicam (Feldene), bumetone (Relafen), on your daily aspirin.	
Medications to thin the bloodipyridamole (Persantine).	d such as warfarin (Coumadin),	clopidogrel (Plavix), ticlopio	dine (Ticlid),	
If you have questions regarding to the EGD.	ng a medication not listed above,	please contact our office at	least one week prior	
THE NIGHT BEFORE YO Nothing to	UR TEST: eat or drink after midnight, inc	cluding water and medicati	ions.	
Nothing to	eat after midnight. You may h	ave water <i>only</i> until	a.m.	
DAY OF PROCEDURE:				
physician can speak w arrive on the day of th	at home. drive yourself home. You MUS rith them after the procedure and e procedure without an appropria ecial transportation needs, plea	to make sure you arrive hom te escort, the procedure will	ne safely. If you be canceled. (For	
OTHER INFORMATION:				
incur a \$25 fee. (Patie rescheduling or cancel \$50 fee if proper notic \$75 fee. <b>No exception</b>	s that are canceled or rescheduled ints scheduled within 14 days of the ling.) <b>Procedures that are sched</b> are of 7 calendar days is not given as in that requires an antibiotic prior	he procedure will not be sub luled with Anesthesia will a . No shows or same day can	oject to the fee for automatically incur a acellations will incur a	
<del>-</del>	not be required prior to your EGI	<u> </u>		

prophylaxis include artificial heart valves and history of endocarditis.