

Brooklyn Gastroenterology and Endoscopy Associates
2211 Emmons Avenue, Brooklyn, NY 11235
(718)368-2960 Fax: (718)368-2249

Mr./Mrs./Ms. _____, you have been scheduled to undergo an:

UPPER ENDOSCOPY

ENDOSCOPIC ULTRASOUND

SONOGRAM

OTHER TEST: _____

The Doctor Performing your Procedure: _____

Your Procedure is Scheduled at: _____

Date: _____

Time: _____

Day before procedure:

NO SOLID FOOD AFTER _____ AM/PM. Drink Clear liquids are allowed (such as tea, water, apple juice, clear broth, Ginger ale, 7-up, Sprite). No dairy.

Morning of procedure:

NO SOLID FOOD. Stop Clear liquids at _____ AM/PM

ONLY IF YOUR PRIMARY CARE PHYSICIAN AND/OR CARDIOLOGIST AGREES:

- Stop Plavix, Motrin, Advil, Nuprin, Voltaren, Aleive, Naproxen, at least 7 days.
- Stop Coumadin, Warfarin for 3 to 5 days.
- **If you are taking Aspirin to prevent heart disease, DO NOT STOP Aspirin!**
- If you are taking diabetic medications, such as Insulin, Metformin, Glucophage, etc. do not take them in the morning, prior to the procedure. After the procedure, when you begin to eat, you can restart the medications. Insulin can be taken at one third (1/3rd) your normal dose.

YOU MUST HAVE AN ADULT PICK YOU UP FROM THE CENTER AFTER PROCEDURE.

Please bring your medications (or a list of medications), insurance cards and co-payments that are required.

If you have any questions or any new symptoms develop, please contact the office immediately at (718) 368-2960.