

## Upper Endoscopy Preparation (EGD)

DATE: \_\_\_\_\_

PROCEDURE TIME: \_\_\_\_\_ CHECK-IN TIME: \_\_\_\_\_

<b>SONORAN ENDOSCOPY</b> 950 N MCQUEEN RD STE 101 CHANDLER, AZ 85225 PHONE: (480) 847-1800  PATH BILLING (480)210-1214 (855)420-8240 ANES BILLING (480)874-7014	<b>DESERT ENDOSCOPY CENTER</b> 602 W BASELINE RD MESA, AZ 85210 PHONE: (480) 969-0405  PATH BILLING (480)210-1214 (855)420-8240 ANES BILLING (602)308-7815	<b>OCOTILLO SURGERY CENTER</b> 3920 S ROME ST GILBERT, AZ 85297 PHONE: (480) 597-4778  PATH BILLING (480)210-1214 (855)420-8240 ANES BILLING (855)285-2455
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### 7 days prior to the procedure:

1. **PLEASE DISCONTINUE** all blood thinning and anti-inflammatory medications. This includes, but not limited to, Coumadin, Plavix. Also discontinue any NSAID's (nonsteroidal anti-inflammatory drugs) such as, but not limited to, aspirin, aspirin type products, Ibuprofen, Aleve, Advil, etc.  
**\*\*TYLENOL MAY BE TAKEN\*\***
2. If your doctor has prescribed any of the medications listed above, please consult with your doctor before discontinuing.

If you are diabetic, check with your primary care doctor regarding diet and medication instructions.

### INSTRUCTIONS FOR YOUR PREP:

The Day **BEFORE** Your Procedure – **DO NOT EAT** after **MIDNIGHT**.

The Day **OF** Your Procedure – **DO NOT EAT** prior to the procedure.

**DO NOT DRINK** any liquids 6 hours prior to the procedure.

Examples of clear liquids: Coffee (no cream), Tea, Sprite, Ginger Ale, Apple Juice, Gatorade

**NO PURPLE, RED, OR BLUE LIQUIDS**

**Please arrive 1 hour before the procedure.** Please also have the name of your driver and phone number available at check in. (No cabs or Uber unless accompanied by someone 18 years or older)

**It is the patient's responsibility to inquire about facility, anesthesia and pathology fees.**  
**All phone numbers are located above.**