

Upper Endoscopy Preparation (EGD)

DATE: _____

PROCEDURE TIME: _____ **CHECK-IN TIME:** _____

SONORAN ENDOSCOPY
950 N MCQUEEN RD STE 101
CHANDLER, AZ 85225
PHONE: (480) 847-1800
Minerva PAT Nurse: (602) 848-3949

FACILITY BILLING (480) 482-7436
PATH BILLING (480) 210-1214
ANES BILLING (800) 959-5509

7 days prior to the procedure:

1. If you are taking **blood-thinning medications** (i.e., Coumadin or Plavix), please continue them until you are given instructions from our office regarding when to stop. ****TYLENOL MAY BE TAKEN****
2. **PLEASE DISCONTINUE** all GLP-1 medications including but not limited to semaglutides, Mounjaro, Ozempic, Wegovy, Rybelsus, tirzepatides, Mounjaro, Zepbound, Byetta, Bydureon, Victoza, Saxenda, Trulicity

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 45 minutes before the procedure. You must have a ride and they must stay for the duration of your procedure(s). 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.