

ESOPHAGO – GASTRO – DUODENOSCOPY (GASTROSCOPY - UPPER ENDOSCOPY) PREPARATION

DEAR _____

You are scheduled for a **GASTROSCOPY** on _____ at _____. Please report to the following location for registration:

- TEANECK GASTROENTEROLOGY & ENDOSCOPY CENTER 3RD Floor – Suite 3B at _____.
1086 TEANECK ROAD SUITE 3B – TEANECK, NJ 07666**
- Holy Name Hospital LOBBY DESK for directions to the Endoscopy Dept at _____.
- Englewood Hospital OUTPATIENT REGISTRATION at _____.

- **READ YOUR PREPARATION AT LEAST ONE WEEK PRIOR TO THE DATE OF YOUR PROCEDURE.**
- **MAKE ARRANGEMENTS TO HAVE SOMEONE DRIVE YOU TO AND FROM THE PROCEDURE. YOUR VISIT WITH US IS USUALLY ABOUT 2 HOURS. IT IS NECESSARY FOR SOMEONE TO ACCOMPANY YOU HOME AFTER YOUR PROCEDURE.**
- REVIEW THE FOLLOWING INFORMATION:
 - DISCLOSURE FORM
 - INFORMATION ON THE FACILITY'S POLICY RE: ADVANCE DIRECTIVES
 - PATIENT'S RIGHTS AND RESPONSIBILITIES

IF YOU ARE BEING SCHEDULED AS A RESULT OF A RECALL LETTER, IT IS IMPERATIVE THAT YOU RETURN THE SIGNED DISCLOSURE SHEET TO US BY THE DATE INDICATED IN YOUR LETTER!

- BRING A COPY OF YOUR ADVANCE DIRECTIVE IF YOU WANT US TO HAVE IT ON FILE
- BRING THE FOLLOWING WITH YOU
 1. A LIST OF YOUR **MEDICATIONS** OR ALL THE MEDICINE CONTAINERS—THIS INCLUDES MEDICATIONS THAT ARE PRESCRIBED, ANY HERBAL MEDICATIONS AND ANY OVER-THE-COUNTER MEDICATIONS.
 2. YOUR **INSURANCE CARDS**
 3. YOUR **EYEGLASSES**, IF YOU WEAR THEM – THERE ARE ALWAYS PAPERS TO SIGN!
- TAKE ANY BLOOD PRESSURE OR HEART MEDICATIONS AT LEAST THREE HOURS PRIOR TO YOUR PROCEDURE WITH JUST ENOUGH WATER TO COMFORTABLY WASH DOWN THE PILLS.

DO NOT WEAR ANY JEWELRY ON THE DAY OF YOUR PROCEDURE

DO NOT USE SKIN MOISTURIZERS ON THE DAY OF YOUR PROCEDURE; THEY INTERFERE WITH OUR MONITOR LEADS

DO NOT MAKE ANY CHANGES TO YOUR PREPARATION

MEDICATION INSTRUCTIONS

- Nsaids (Non-steroidal anti-inflammatories) such as Motrin, Advil, and Ibuprofen: Please stop them 72 hours before your procedure. You are allowed to take Celebrex, if prescribed and Tylenol if needed.

SPECIAL MEDICATION INSTRUCTIONS:

INSTRUCTIONS/PREPARATION

YOU ARE SCHEDULED FOR A MORNING APPOINTMENT.

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE EVENING BEFORE YOUR PROCEDURE. ONCE YOUR PROCEDURE IS COMPLETED, YOU WILL BE INFORMED AS TO WHEN YOU CAN RESUME EATING AND DRINKING.

YOU ARE SCHEDULED FOR AN AFTERNOON APPOINTMENT (1 PM OR LATER)

- YOU MAY HAVE A LIGHT BREAKFAST AND BE FINISHED BY _____ AM (8 HRS. BEFORE THE TEST)
- BETWEEN _____ AM AND _____ AM/PM YOU MAY DRINK CLEAR LIQUIDS ONLY (APPLE JUICE, 7-UP, SPRITE, GINGER ALE, GATORADE, BLACK COFFEE OR TEA (**NO MILK**), WATER, DO NOT SUBSTITUTE ANY OTHER CLEAR FLUIDS).
- AFTER _____ PM NOTHING TO DRINK AT ALL, UNTIL AFTER THE PROCEDURE.

ANY QUESTIONS CALL OUR SCHEDULING DEPARTMENT AT 201-578-1292 or TEANECK GASTROENTEROLOGY 201-837-9636

IT IS NECESSARY YOU CONFIRM YOUR APPOINTMENT 2 DAYS BEFORE THE PROCEDURE.

YOU WILL RECEIVE A TELEPHONE CALL FROM EITHER OUR RECEPTIONIST OR AN AUTOMATED SERVICE.

CANCELLATION/NO SHOW POLICY = CANCELLATIONS WITHIN 48 HOURS MAY INCUR A FEE