



21 Reade Place ASC, LLC – EGD

Name: _____

Doctor: _____

Arrival Time: _____

Procedure Time: _____

Please report to the office at **21 Reade Place Poughkeepsie, NY 12601 Suite 3300** for your Endoscopy procedure on _____. No alcohol during prep or for 24 hours after the procedure. **Nothing to eat or drink after midnight.**

YOUR PROCEDURE COULD BE CANCELED IF YOU DO NOT ADHERE TO THE FOLLOWING MEDICATION INSTRUCTIONS:

1-IT IS VERY IMPORTANT THAT YOU TAKE YOUR HEART, BLOOD PRESSURE, ASTHMA AND SEIZURE MEDICATIONS WITH A SIP OF WATER ON THE MORNING OF YOUR PROCEDURE.

2- Do not take your diabetic medications (insulin or oral) THE MORNING OF THE PROCEDURE.

3-If you are on any type of blood thinner, you must stop it 4 days prior to your exam. (If you have questions regarding your specific blood thinner, please ask or check with your cardiologist.)

4- Motrin, Aleve, Ibuprofen or any other anti-inflammatory medications, individual Vitamin E, Ginkgo Biloba, and Iron tablets MUST BE STOPPED 4 DAYS PRIOR, BUT TYLENOL IS ACCEPTABLE. You are also allowed to take daily aspirin until the day before the procedure.

5-YOU MUST BRING THE BOTTLES OF YOUR MEDICATIONS WITH YOU.

Someone must drive you home as you cannot drive the day of your procedure as required by law. Please do not bring children under the age of 12 years.

If a biopsy is taken during this procedure, you will receive a separate bill for pathology services. Please make sure all of your insurance information has been updated with the office to insure correct pathology billing. This applies to anesthesia services as well.

Your safety is most important to us. If you have any questions about your procedure or your care, please feel free to call our office.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

A FEE OF \$100 WILL BE CHARGED FOR ANY PATIENT THAT CANCELS THEIR APPOINTMENT 48 HOURS PRIOR TO THEIR PROCEDURE OR NO SHOWS FOR THEIR PROCEDURE.

Scheduled by _____

Phone No. _____