

Upper Endoscopy

Date of procedure: _____

Arrival Time: _____

Citrus Endoscopy Center: 6412 W Gulf to Lake Hwy, Crystal River (352) 563-0223

Suncoast Endoscopy Center: 3621 E Forest Dr, Inverness (352- 637-2787)

Hold _____ starting on _____

The day prior to your procedure

- Do not drink alcohol the day before your procedure
- Do not eat or drink anything after **MIDNIGHT**

The day of your procedure

- Take your heart, blood pressure, and seizure medication **ONLY** with a sip of water
- Take half ($\frac{1}{2}$) dose of insulin
- Bring your I.D. and method of payment
- Leave all personal items at home. Wear warm socks. We are not responsible for lost items.
- **Arrange for a driver to take you home.**

*Anesthesia is billed separately (billed through your insurance first)

*Pathology charges are generated after procedure (billed through your insurance first)

IF YOU HAVE QUESTIONS or need to CANCEL/RESCHEDULE (must be >72 hrs prior to procedure), PLEASE CALL ME (Karissa (352)563-2450 EXT:125)