Upper Endoscopy (EGD) Instructions

Date of Procedure:	Arrival Time:
☐ Citrus Endosc	opy Center: 6412 W. Gulf to Lake Hwy, Crystal River (352) 563-0223
☐ Suncoast End	oscopy Center: 3621 E. Forest Drive, Inverness (352) 637-2787
Hold the following medic	ation(s): starting

One day prior to your procedure:

- Do NOT drink alcohol, or use marijuana the day before your procedure.
- Do NOT eat or drink anything after <u>MIDNIGHT.</u>

Day of your procedure:

- Do NOT smoke, drink alcohol or use marijuana the day of your procedure.
- Take your <u>heart</u>, <u>blood pressure</u>, <u>and/or seizure medication(s)</u> in the morning with a sip of water.
- Take half (½) 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!

IF YOU HAVE QUESTIONS or need to CANCEL/RESCHEDULE (must be >72 hrs prior to procedure), PLEASE CALL ME (Tamona: 352-563-2450 EXT: 304)

^{*}Anesthesia is billed separately (billed through your insurance first)

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