

EGD PREP

(Esophagogastroduodenoscopy)

PATIENT: _____ **DATE:** _____

LOCATION: Mid-State Medical Center Skyline Hospital Registration **ARRIVAL TIME:** _____
2010 Church St, Suite 420 3441 Dickerson Pike, 1st floor
Nashville, TN 37203 Nashville, TN 37207

***PLEASE BRING SOMEONE WITH YOU TO DRIVE YOU HOME.** You will **NOT** be able to drive yourself home due to being sedated during the procedure. If you plan on taking a bus or a taxi home, **PLEASE** bring a responsible adult with you.

*Women: Please remove any dark nail polish / acrylic from one index finger.

*Women: If you could be pregnant or seeing a fertility Dr., please notify us.

*If your insurance changes before your procedure, please notify our office.

*Appointment cancellations require a **48-hour notice** or a charge could be incurred.

***IF YOUR TEST IS SCHEDULED**

BEFORE 12-NOON: *DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT*

AFTER 12-NOON: *DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT*
(You may have a clear liquid breakfast before 8 am)

***MEDICAL PRECAUTIONS...**

***DAILY MEDICATIONS** Please take **ANY** medications for **Blood Pressure, Heart Disease, Seizures, Asthma or Breathing** the day of your procedure with a small amount of water.
(Please bring inhaler with you)

***DIABETICS:** Do not take any insulin or diabetic oral agent before the test.
Check your blood sugar before you arrive for your test.
Bring your insulin with you the day of your test.
Remind the nurse that you are diabetic on the day of your test.

***BLOOD THINNERS:** Blood thinners need to be stopped 3-5 days prior to your test
Please contact our office at least 1 week prior to your test if you are taking;
Coumadin, Plavix, Warfaran, Lovenox, Xarelto, Pradaxa, Eliquis or similar blood thinners.

Please call the office with any questions or concerns. (615)329-2141 or (615)868-1064