

Endoscopy (EGD) Prep

PATIENT: _____

You've been scheduled for an endoscopy at _____

On _____. You must report to the facility by: _____.

Your test is scheduled for _____.

**YOU WILL NOT BE ABLE TO DRIVE HOME SO PLEASE MAKE THE NECESSARY ARRANGEMENTS.
YOUR DRIVER MUST STAY AT THE CENTER UNTIL YOU ARE FINISHED.**

- 1.** You should have nothing to eat or drink after midnight the night before the procedure. If your procedure is scheduled after 1 pm, then you may have a clear liquid breakfast between 7-7:30 am.
- 2.** You may take any medication for blood pressure, heart, seizures, depression, or asthma as directed, even on the day of the test, with a small sip of water.
- 3.** Please try to avoid all aspirin or aspirin type products for 7 days prior to the test as they have a tendency to thin the blood and could cause excess bleeding, i.e. (Ibuprofen, Coumadin, Motrin, Naprosyn or Alka Seltzer).
- 4.** Please be advised that our office has a 48 business hour cancellation policy for procedures. You must call 48 business hours in advance and speak to a staff member during the hours the office is open M-Th 9am-5pm and Friday 9am –Noon. If you have an emergency and the office is closed, then you should call (407)345-0988 and speak to the answering service. Failure to do so will result in a \$100.00 cancellation fee. Please schedule a follow up when you schedule the procedure to make sure a follow up is available in a timely manner after your procedure. Results are not available over the phone and are only given at a follow up appointment.
- 5.** If you take COUMADIN, INSULIN OR DIABETIC MEDICATION, please let the nurse in the office know so we can give you special instructions.
- 6.** Please allow 4 hours from the time you arrive until you are finished for this procedure. If you have any questions about any of the above instructions, please contact our office we are here to make sure the procedure goes as smoothly as possible for you.

THANK YOU DR. FEUER'S OFFICE

IT IS VERY IMPORTANT THAT YOU CONTACT YOUR INSURANCE COMPANY. THE REASON FOR THIS IS TO FIND OUT WHETHER OR NOT YOU HAVE A COPAY OR DEDUCTABLE THAT MUST BE PAID THE DAY OF YOUR SURGERY. HOWEVER, THE DIAGNOSIS WILL NOT BE DETERMINED TILL AFTER THE PROCEDURE HAS BEEN PERFORMED.

WHEN YOU CALL MAKE SURE YOU TELL THE INSURANCE REPRESENTATIVE THAT IT IS AN OUTPATIENT PROCEDURE AND THE CODES AS FOLLOW:

COLONOSCOPY 45380

ENDOSCOPY 43239

THANK YOU DR. FEUER'S OFFICE AND STAFF