

Digestive Healthcare Specialists, L.L.C.
Tanya Davis, M.D.
Ashita Shah, P.A.

2616 Sherwood Hall Lane, Suite 307
Alexandria, VA 22306
Telephone 703.780.7010
Fax 703.780.0017

PATIENT INSTRUCTION SHEET

Name: _____

Esophagogastroduodenoscopy: (EGD, UPPER ENDOSCOPY)

1. Nothing by mouth from 12 midnight until the examination in the morning except if your procedure is after 1pm; you may have 2 glasses of clear liquid before 9am on procedure day (for example: apple juice, coffee or tea without cream).
2. Stop taking iron, anti-inflammatory medicines, aspirin or warfarin (coumadin) for 4 days before the procedure. You may take Tylenol and your other regular medications, such as blood pressure medications, if you were not asked to stop them.
3. Hold your diabetes medicines on the day of the procedure and the night before the procedure. You may take other medicines with a sip of water the morning of the procedure.

*This procedure is safe but carries the risk of, but not limited to; reactions to medications, tear in the intestines, bleeding and the possible need for surgery or blood transfusion.

Date: _____ Time: _____ Hospital: _____

THERE IS A \$150 FEE FOR PROCEDURES CANCELLED WITH LESS THAN 72 HOURS NOTICE.

**You must have someone drive you home from the procedure.
Be there ___ minutes/ hour before your scheduled time.**

Mt. Vernon Hospital, report to the Same Day Surgery on the first floor.
Digestive Healthcare Endoscopy Suite, report to Suite #307 at 2616 Sherwood Hall Lane.

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