



East Valley Gastroenterology & Hepatology Associates

www.eastvalleygastro.com . Tel: (480)786-6655 . Fax: (480)786-6996

| You have been scheduled for: | EGD | ERCP |
|---------------------------------|--|------|
| Your procedure is scheduled at: | <input type="checkbox"/> Chandler Endoscopy Center (2095 W Pecos Rd, Bldg A-1) <input type="checkbox"/> Premier Endoscopy Center (2563 S Val Vista Dr, Ste #101) <input type="checkbox"/> Chandler Regional Hospital (1955 W Frye Rd) <input type="checkbox"/> Mercy Gilbert Medical Center (3555 S Val Vista Dr) | |
| Your appointment is on: | _____ | |
| Please check in at: | _____ | |



7 days prior to the procedure:

1. **PLEASE DISCONTINUE** all blood thinning and anti-inflammatory medications. This includes, but not limited to, Coumadin, Plavix, Iron supplements, Multi-Vitamins (Vitamin E) and Fish oil. Also discontinue any NSAID's (nonsteroidal anti-inflammatory drugs) such as, but not limited to, aspirin, aspirin type products, Ibuprofen, Aleve, Advil, etc. ****TYLENOL MAY BE TAKEN****
2. If your doctor has prescribed any of the medications listed above please consult with your doctor before discontinuing.

INSTRUCTIONS FOR YOUR PREP:

MORNING appointment: Nothing to **EAT** or **DRINK** after **MIDNIGHT**.

AFTERNOON appointment: Nothing to **EAT** or **DRINK** after _____ **am/pm**
6 hours prior to your procedure.

You may have a liquid breakfast prior to your 6 hour fasting period. **NO SOLID FOODS.**

Please note: Your procedure will take approximately two hours and you will be required to have someone stay throughout the procedure and drive you home. Failure to do so will result in postponement of the procedure.