

NORTH COAST ENDOSCOPY, INC.
9500 Mentor Avenue, Suite 380
Mentor, Ohio 44060
Phone: (440) 352-9400

PREPARATION FOR EGD

TODAY'S DATE: _____ PATIENT NAME: _____

You are scheduled for an Upper Endoscopy (EGD) at North Coast Endoscopy, Inc., Suite #380 on the following date / time:

DATE: _____ TIME: _____

Please **arrive** at our office at _____ a.m. / p.m.

1. You **MUST** have someone with you to pick you up from Lake Ambulatory Center and to drive you home when finished. A friend/family member must sign you out and public transportation is **NOT** allowed (Ex: Laketran). You are **NOT** allowed to drive the **ENTIRE** day of the procedure. Your driver **MUST** return within **one** (1) hour of drop off in our office (#380).
2. **DO NOT** eat or drink anything after midnight the night or the morning of your procedure. You may brush your teeth the morning of the procedure, but do not swallow water.
3. **DO NOT** take any of the following for **five (5) days** prior to your procedure:
NO Aspirin, Aspirin products, Motrin, Ibuprofen, Advil, Aleve, Excedrin, or most arthritis medications. You **may** take Tylenol if needed.
4. Please let our office know at least five (5) days in advance if you are regularly taking aspirin, blood thinners, or Coumadin / Plavix / Aggrenox.

It is very important that you keep your appointment on the scheduled date / time. Please cancel for true emergencies only. If you have any questions or concerns, please feel free to contact our office between 9:00 a.m. and 5:00 p.m. Thank you for your cooperation.