STILLWATER MEDICAL CENTER **Upper Endoscopy Preparation Patient Instructions**

Adult Gastroenterology

Adult Gastroenterology of Stillwater			OF STILLWATER
Your procedure is scheduled for:			
Date:	Place:		
Arrival Time:	Procedure Time	· ·	
Physician:			
Preparation Begins the Mornin	ng of the Procedure:		
1. Nothing to eat for 6 hours be			
2. Clear liquids may be consum	ed up to 4 hours before	e arrival time.	
Acceptable: Water, coffee, UP and ginger ale, Jell-O, p			as Sprite, 7-
 DO NOT drink milk or DO NOT eat or drink a DO NOT drink alcohol 	anything colored red o		
Important:			
 You will not be able to drive a procedure and to drive you h No iron containing medicatio If you take aspirin for heart p If you take any medications f medications the morning of th Before scheduling the proced medicine: diabetic medicine, Verbal and written instruction you may not remember due to 	nome after your proced in for 1 week before the rotection, DO NOT sto for blood pressure, hea he exam with just a sip dure, please notify the Aspirin, Coumadin, Was will be given to you	ure. e procedure. p taking it. art, seizure, and/or anxiet o of water. doctor or nurse if you tak arfarin, Plavix, or any blo and your driver after the	ty; please take these ke any of the following bod thinner. procedure. Although,
		r business hours for an Friday 8:00 AM–4:30 PM	
Lundonstand the object discharge is to	mations and bours become	on the company with the selection	ation o
I understand the above discharge instr	uctions and have been give	en the oppoπunity to ask ques	STIONS.
Patient's Signature and/or Other Response	onsible Person	 Date	Time

Reviewed/Revised: 8/18 Reference: For Use On:

Physician's Signature

Nurse's Signature

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Patient Label (Pt Name, V#, MR#, DOB, DOS, Age, Sex, Loc, Physician)

Date

Date

Time

Time