

EGD (Esophagogastroduodenoscopy)

Prep and Instructions

Name: _____

Appointment Date: _____ Doctor: _____

MCLAREN MACOMB HOSPITAL

1000 Harrington Blvd.

Mount Clemens, MI 48043

NO TIME HAS BEEN GIVEN FOR YOUR PROCEDURE

The hospital will contact you the afternoon prior to your appointment with your procedure time. If your test is scheduled on a Monday, you will be contacted the Friday prior.

If you will not be available for this phone call, please call (586) 493-2740 between 1 pm & 6 pm the day prior (or Friday for Monday appointments) for your arrival time.

_____ **If** this line is checked, please have the enclosed lab work drawn _____ days prior.

MEDICATIONS

Continue your usual medications unless advised otherwise.

➤ _____ days before the procedure, **STOP TAKING:**

➤ **Continue taking** (including the morning of procedure if normally taken in the morning):

➤ The morning of the procedure, **DO NOT TAKE:**

*If you are taking a medication that is not listed above
or if you have any questions about these medications, please call our office!*

PREPARING FOR YOUR EGD:

Nothing to eat or drink after midnight the night prior to procedure.

Please be certain to bring a friend or relative to remain at the center
and drive you home after the completion of your procedure.

THE EXAM WILL NOT BE PERFORMED IF A DRIVER IS NOT PRESENT.

(586) 286-5400

More information and FAQ at www.tcgastro.com

Tri-County Gastroenterology, PC

IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE CONTACT OUR OFFICE
AT LEAST 24 HOURS IN ADVANCE
TO AVOID A *\$50 CANCELLATION / NO SHOW FEE.*