
OFFICE BRAVO

Date of Procedure: ____/____/____ Time: ____AM/PM

Report to suite 207, a half hour before your procedure time.

Please report at: ____AM/PM

- **Do not eat or drink anything after midnight, including water, medications, chewing gum, or candy.** The only exception is **blood pressure and heart medications, which may be taken with a small sip of water by 7:00 AM on the morning of your procedure.**
- **Stop all PPI medications** (like Dexilant, Nexium, Omeprazole, Pantoprazole, Tums, Maalox, etc.) **one week before the procedure.**
- **Please inform the office if you have a nickel allergy.**
- If you are taking **aspirin, aspirin products, or blood thinners**, please follow the instructions in the handout we provided.
- If you are on **Coumadin or Warfarin**, you must have a **bleeding profile (blood test)** done **the day before or the morning of the procedure.**
- If you have **diabetes and take insulin**, talk to your **primary care doctor** to adjust your dosage.
- If you're experiencing **severe reflux**, you may take **over-the-counter Pepcid (famotidine) or ranitidine** up to **two days before** the procedure.
- **Female patients who still get their period** will need to give a **urine sample** before the procedure.
- If you have **loose teeth**, they must be fixed before the procedure. Failure to do so will result in your procedure being canceled, and a **\$100 non-refundable fee** will be charged through your insurance.
- Since you will receive **IV anesthesia**, **you cannot drive yourself home. Please arrange for a responsible adult to take you home after the gastroscopy.**
- You will need to **schedule a follow-up visit** about **one week after the procedure** to go over your results.