

NASHVILLE GASTRO CONSULTING, PLLC
EGD (ESOPHAGOGASTRODUODENOSCOPY) PREP

Patient: _____

Date: ____/____/____ Time: ____:____ Arrive: _____

Location: _____

Phone number for directions/information: _____

THREE DAYS PRIOR TO TEST:

_____ **DISCONTINUE TAKING ANY BLOOD THINNING MEDICATION (ASPIRIN, PLAVIX, COUMADIN, ALEVE, ADVIL, IBUPROFEN, ETC.)**

ONE DAY PRIOR TO TEST:

_____ EAT REGULAR DIET THROUGH THE DAY

_____ **NOTHING TO EAT OR DRINK AFTER MIDNIGHT (INCLUDING WATER)**

MORNING OF THE TEST:

_____ **NOTHING TO EAT OR DRINK.** PATIENTS TAKING HEART OR BLOOD PRESSURE MEDICINE MAY TAKE THESE WITH A FEW SIPS OF WATER TWO TO THREE HOURS PRIOR TO THE PROCEDURE.

- DO NOT TAKE ANY OTHER MEDICATIONS UNLESS INSTRUCTED BY THE DOCTOR. BRING YOUR MEDICATIONS WITH YOU.
- INSULIN-DEPENDENT DIABETIC PATIENTS SHOULD CALL OUR OFFICE FOR FURTHER INSTRUCTIONS.
- PLEASE INFORM OUR OFFICE OF ANY KNOWN ALLERGIC REACTIONS INCLUDING DRUGS, FOODS, LATEX, OR TAPE.
- **YOU MUST HAVE A DRIVER WITH YOU WHO IS AT LEAST 18 YEARS OF AGE TO DRIVE YOU HOME.**

IF YOU HAVE ANY QUESTIONS PLEASE CALL US AT 615-327-7835