

UPPER GI ENDOSCOPY

J-P Reinhold, MD

Patient Name: _____

Date of Procedure: _____

Arrival Time: _____ Procedure Time: _____

RESCHEDULING PROCEDURES

As a courtesy please notify our office at least 2-3 days prior to your procedure if you need to cancel or reschedule. A fee of \$50 may/will be applied if you do not show for your procedure. Your timely notification will allow us to accommodate another patient. Please call our office if you have any questions (575-522-7697).

Your procedure will be at:

LOHMAN ENDOSCOPY CENTER
4381 E. LOHMAN AVE, STE A
LAS CRUCES, NM 88011 575-522-3220

MEMORIAL MEDICAL CENTER
2450 S. TELS HOR BLVD
LAS CRUCES, NM 88011 575-522-8641

MT. VIEW REGIONAL MEDICAL CENTER
4311 E. LOHMAN AVE.
LAS CRUCES, NM 88011 575-556-7600

MT. VIEW SURGERY CENTER
4351 E. LOHMAN AVE, STE 102
LAS CRUCES, NM 88011 575-532-3305

How to prepare for the UPPER GI ENDOSCOPY

BLOOD THINNING MEDICATIONS

If you take one of the following medications, you will have specific instructions on when to stop taking it or if you will continue taking it:

- PLAVIX (CLOPIDROGEL)
- COUMADIN (WARFARIN)
- PRADAXA (DABIGATRAN)
- EFFIENT (PRASUGREL)
- XARELTO (RIVAROXABAN)
- AGGRENOX OR TICLID
- BRILINTA

Continue take your _____

You will hold your _____

for _____ days prior to the procedure.

Day of your Endoscopy:

No Solid Foods after midnight. You may have clear liquids up to **6 hours prior** to the procedure.

The Day of the exam take the following medications (with sips of water):

- Blood Pressure medication
- Heart medication
- Insulin (Bring with you)
- Any anti-seizure medication

Please Remember:

• **You will need someone to drive you home after the procedure.**

• No nail polish on either pointing finger, for the purpose of monitoring oxygen levels during procedure.

• You will need to bring the following:

- ◆ Current Insurance Card
- ◆ Co-Pay
- ◆ List of Medications
- ◆ These orders