

UPPER GI INSTRUCTIONS

Kai Noshirwani, MD

: Patient Name:_____.

Date of Procedure:_____.

Arrival Time: _____ Procedure Time:_____.

RESCHEDULING PROCEDURES:

Please notify our office at least **3 business days prior** to your procedure if you need to cancel or reschedule. A fee of **\$50 may be applied at doctor's discretion**. Please call our office if you have any questions or concerns 575-522-3220 or 575-522-7697.

YOUR PROCEDURE WILL TAKE PLACE AT:

- Lohman Endoscopy Center**
4381 E. Lohman Ave, STE A
Las Cruces, NM 88011 575-522-3220

- Memorial Medical Center**
2450 S. Telshor Blvd.
Las Cruces, NM 88011 575-522-8941

- 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 on of the following medications, you will have specific instructions on when to stop taking it **OR** if you will continue taking it:

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

Continue to take your _____.

You will hold your _____ for _____ days prior to procedure.

Day before procedure: No solid food after midnight.

Day of procedure: You can have clear liquids **up to 3 hours before your procedure and nothing after.**

Day of procedure you will only take the following medications:

- Blood Pressure Medication
- Heart Medications
- Anti Seizure Medication
- Insulin (bring with you)

Please bring the following items on the day of procedure”

- Current insurance and photo ID
- Co-pay
- Instructions
- You will need a driver after the procedure.

NO Uber, Lyft, or Taxi.