



Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

### **EGD PREPARATION**

1. Have a light supper the night prior to your procedure.
2. **DO NOT HAVE ANYTHING** to eat or drink after midnight the night prior to your procedure.
3. **NO GUM or TOBACCO** products on the day of your procedure.
4. You may take your morning medications. **DO NOT** take any aspirin or Blood Thinners (Coumadin, Plavix, Ibuprofen or Aleve)
5. If you take **PHENTERMINE**, you must stop taking this medication 2 weeks prior to your procedure
6. A responsible adult must come with you and remain in the endoscopy area until you are discharged following your procedure. You will not be able to drive.
7. Wear comfortable clothes. You will be asked to undress from the waist up and to wear a patient gown.

#### **Contact Information**

If you are unable to keep your appointment or have questions about the instructions, call the facility where your procedure is being performed.

#### **Nashville Endosurgery Center**

300 20<sup>th</sup> Ave N, 8<sup>th</sup> floor  
Nashville, TN 37203  
615-284-1335  
615-649-9940

#### **Lebanon Endoscopy Center**

100 Physicians Way, Ste 340  
Lebanon, TN 37090  
615-466-9532  
615-547-2334