

Pinehurst Medical Clinic, Inc.
Mid Carolina Gastroenterology
110 Dennis Drive, Sanford, NC 27330

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ENDOSCOPY PREPARATION

PATIENT _____

PROCEDURE DATE _____

Arrival time: _____ ****PLEASE ARRIVE PROMPTLY AT THIS TIME****
If you receive a text or a message telling you a different time please **IGNORE IT**
(UNLESS IT IS AN ACTUAL PERSON ON THE PHONE)

Location: ___ Mid Carolina GI (Procedure Suite)
 ___ CCH Front Entrance

1) **YOU MUST HAVE A DRIVER WITH YOU TO DRIVE YOU HOME. BECAUSE YOU WILL BE SEDATED FRO THE PROCEDURE.** We require the driver to remain with you **THE ENTIRE TIME** during the procedure. No one under age 16 is allowed in the procedure area. Children must be accompanied by an adult in the waiting room at all times. There will be a \$100 charge for missed appointments without 48 hours notice.

2) **DO NOT EAT ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE.** You may have clear liquids until _____. **NOTHING BY MOUTH AFTER THIS.**
-Water-Popsicle's (**NO RED**) –Jello (no fruit/**NO RED**) –Soup broth (no noodles or vegetables)
-Soft drinks or Tea/Coffee (No cream/milk) –Sports Drinks/Gatorade/Powerade (**NO RED**)
-Apple juice and white grape juice ******No alcoholic beverages******

3) **NO ANTI-INFLAMATORY medications for three days prior to the procedure.** This includes Aleve, Advil, Ibuprofen, Goody Powders, BC Powders, Naproxen, Vitamen E, Iron.... **TYLENOL IS OKAY TO TAKE** ******Please stop Fish Oil 7 days prior to procedure date******

If you are on any blood thinners such as Coumadin, Effient, Plavix, Pradaxa, Pletal, Brillinta, etc..., we will contact your physician that is monitoring these medications for further instructions and will notify you.

4) Take your usual morning medications on the day of the procedure (unless otherwise instructed), with a sip of clear liquid. If you are diabetic you will be given specific instructions.

5) If you have any questions prior to your procedure, please call our office and ask for a nurse. Remember to bring a pair of cotton socks, no hose or nylons of any kind can be worn during the procedure.

I acknowledge that the above statements have been explained to me and I understand to contact the office with any questions or concerns.

Handouts given to patient.

Initials

Patient Signature

Date