Instructions for Gastroscopy

Name: ____________________________________________

Your procedure has been scheduled on: ______________ at ____________.

Please arrive at: _______________

Please bring your insurance cards and a photo ID with you on the day of the procedure.

Please obtain a referral from your primary care physician if needed.

Preparation:

One week prior to procedure:

1- Please check with your PCP and your gastroenterologist if you take any blood thinners such as Warfarin/Coumadin, Eliquis, Xarelto, Brilinta, Pradaxa, Plavix, or Aggrenox.
2- Aspirin should not be held.
3- You may continue any NSAID’s such as Ibuprofen, Motrin, Aleve, Naproxen, Diclofenac, or Indocin.
4- If you are a diabetic, check with your PCP regarding diabetic medication dosing for this procedure.

Day before the procedure:

1- Do not eat or drink after midnight the night before your exam.

Day of exam:

1- Continue not to eat or drink until after the procedure.
2- You may take your prescribed medications with a small sip of water.
3- Please bring in your health history form and medication list if you have not mailed them in yet.

Please call if you have questions or concerns about your procedure.

*You must have a ride home from a family member or friend as public transportation is not allowed. You are not able to drive for the remainder of the day.*