

EGD with BRAVO off medications

Your Procedure is with Doctor	Date		
[] 2550 Windy Hill Rd. Ste 302, Marietta [] 880 Crestmark Dr. Ste 102, Lithia Spring [] 118 Mill St. Ste: 100 Woodstock		advance of your scheduled time Scheduler	
	urs prior to procedur	e instructions carefully. You must complete the entire e or risk delay or cancellation. Your stomach must be	ъе
Seven (7) days prior to your procedure: [] Please stop taking iron supplements or an	ny multi-vitamins cont	caining iron	
[] Please stop taking any PPIs such as Next	ium, Prevacid, Ompera	azole, Protonix, etc.	
[] Please make arrangements for someone home	to be able to stay at the	e facility for the duration of your procedure and drive y	⁄ou
[] If you have major health problems you so them at the center as soon as possible 770-22		alth history with the anesthetist at the center. Please con	ntact
Five (5) days prior to your procedure: [] If approved by the prescribing physicial if you have not received instructions on m		. Plavix, Coumadin, Effient or Pradaxa. ntions please contact our office immediately.	
[] Review all the endoscopy consents and f	all out health history, is	f you did not do so recently at the office.	
Three (3) days prior to your procedure: [] Please stop taking any H2R blockers suc	ch as Pepcid, Zantac, T	agamet, etc.	
One (1) day prior to your procedure: [] Please stop taking any over the counter a	antacids such as Tums,	Maalox, Mylanta, Rolaids, etc.	
[] Eat a light meal. You may drink clear light Do Not Eat or Chew anything after midnig			
********If you are on insulin take only a	half dose the evening	before your procedure.	
The day of your procedure			
[] No Chewing gum and No solid foods uprior to procedure.	ntil after your proced	dure. Clear liquids may be consumed up to 3 hours	
[] Your stomach must be empty or you risk	cancellation/delay of	your procedure!	
[] Take prescribed medications with a small	ll sip of water with the	exception of insulin and other diabetic medications.	
[] Do not take any insulin or diabetic me	dications the morning	of you procedure.	
[] If you use an inhaler bring it with you to	your procedure.		
[] Please do not wear any jewelry including	g body piercings, or lot	tion to the center.	

No clear liquids or chewing gum 3 hours prior to procedure or risk delay or cancellation

*****If you have any questions, please contact our office at any time at 678-741-5000. ********

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No clear liquids or chewing gum 3 hours prior to procedure or risk delay or cancellation

A patient representative/responsible party is necessary because of the use of sedation. The doctor will not perform the procedure without knowing that a responsible party is in the waiting area.

The responsible party must:

- Be at least 18 years of age
- Remain at the facility the entire time
- Receive discharge instructions and pertinent medical information
- Possibly need to assist the patient with dressing
- Drive the patient home

CLEAR LIQUID DIET INSTRUCTIONS CLEAR LIQUID DIET

This diet provides foods which will leave minimal residue in the intestinal tract.

[**If you are having a colonoscopy or flexible sigmoidoscopy, please do not use any artificially colored red, purple or orange liquids such as Punch flavored Gatorade® or Red Popsicles®.]

<u>FOOD GROUP</u> <u>FOOD ALLOWED</u>

Fruit juice Apple, White grape

Beverages Coffee (no milk), tea, carbonated beverages such as Sprite® or Coca-

Cola®, Gatorade®, Powerade®, Kool-Aid®, strained lemonade

Protein Clear broth or bouillon soups

Desserts/Sweets Popsicles®, fruit flavored ices, flavored gelatin and clear hard candy

(make sure to avoid all artificial red coloring)

Seasoning Lemon juice or honey for tea, sugar for coffee

No clear liquids or chewing gum 3 hours prior to procedure or risk delay or cancellation