ASC PROCEDURE:	ALBANY GASTROENTEROLOGY CONSULTANTS, PLLO
COVID TEST DATE:	1375 Washington Avenue, Suite 101
TEST TIME:	Albany, New York 12206
	518-533-5000

UPPER ENDOSCOPY (EGD) INSTRUCTIONS

OFF ER END	OSCOP I (LGD	, 114311KOC	.110143
Patient:	DOB:		
Procedure Date:	Arrival Time:		Procedure Time:
Location:			
□ Ambulatory Surgery Center (ASC) □ St. I	Peter's Hospital	_ <i>I</i>	Albany Medical Center
1375 Washington Ave., Suite 201 315	South Manning Blvd		7 New Scotland Ave.
		Į.	A Building-4th Floor-A 405
For any preprelated questi	ions, please visit (our website	at albanygi.com/fag
UPPER ENDOSCO	•		
31 1 EN EN 19333	11 (200) 1 1121 7		
One Week Prior to the Procedure			
Starting:			
Arrange for a responsible adult to accompany	y you home after	your proced	ure. You will be given sedation for
your procedure and will not be allowed to dr	• •		
, ,	•		
Two Days Prior to the Procedure			
Stop any anti-inflammatory medications (Mo	etrin, Advil and Ib	uprofen). C	elebrex and Tylenol are
OK to use.			
One day before your procedure			
NO ALCOHOL			
NO ALCOHOL			
The day of your procedure			
MORNING PROCEDURES:			
Do not eat after midnight the evening before	•		
prior to your procedure (until).		
AFTERNOON PROCEDURES.			
AFTERNOON PROCEDURES:		Var. san ha	o CLEAR HOLLIDS on to Chause
Do not eat after midnight the evening before prior to your procedure (until		. You can na	Ve CLEAR LIQUIDS up to 6 nours
prior to your procedure (until	J·		
Confirm that you have a responsible adult to	accompany you l	home after v	our procedure.
The state of the s			an procession
You may take your essential prescribed morn	ning medications	unless other	wise directed by your physician.
You may drink SIPS OF WATER ONLY with you	-		· · ·