



Upper Endoscopy Instructions

*****READ ALL INSTRUCTIONS UPON RECEIPT*****

Date of Appointment: «encDate» with Dr. «RendPrLName»

Be at the location marked below by: _____ AM/PM

Pre-Register at least 2 days prior with the following location:

____ Alaska Digestive Center 563-1750 ____ ARH Day Surgery 264-1952 ____ Providence Day Surgery 264-1952
(4048 Laurel Street Suite 103A)

***It is your responsibility to call your insurance plan to ensure they will cover your procedure. Please note there will be separate fees for your Physician, Facility, Pathology, Laboratory, and/or Anesthesia Services.**

Transportation: Bring an adult with you that can safely drive your home. No Taxi's, Uber or Public Transportation allowed.

Foods: HAVE NOTHING TO EAT AFTER MIDNIGHT. You can have clear liquids, but you must stop at least 4 hours prior to your arrival time.

Avoid RED, ORANGE, BLUE, or PURPLE liquids. No Milk/Milk Products and No Non-Dairy Creamer. No juices with Pulp

Acceptable List of Clear Liquids:

- | | | |
|--------------------|------------------------|------------------|
| - Water | - Apple Juice | - Coffee (black) |
| - Gatorade | - Bouillon | - CrystalLite |
| -White grape juice | - Soft Drinks | - Popsicles |
| -Lemonade | - Tea | - Jell-O |
| - Hard Candies | -White Cranberry Juice | - Kool-Aid |

Medications:

If you are taking blood thinning medication, follow your doctor's instructions on holding or continuing this medication

•Blood-thinning medications may need to be discontinued prior to your procedure.

Take your last dose of _____ on _____.

• Three days prior to your procedure, STOP taking prescription Iron.

•Diabetic patients - If you take an oral hypoglycemic ("sugar pill"), do not take it the day of your procedure. If you are taking insulin, you should only take half (1/2) of your usual scheduled insulin dose the night before and nothing the morning of the procedure.

*****You should continue your other prescribed medication unless instructed not to with a small sip of water at least 3 hours prior to your arrival time*****

Cancel or Reschedule- Please let us know at least 2 business days prior to your appointment if you need to cancel or reschedule to avoid a late notice fee.

*** If Tissue samples are obtained during your procedure, the results will be posted to your patient portal, if enabled within 2 weeks, otherwise they will be mailed to your home address.**

Call 907-569-1333 if you have any questions