



Englewood Office

420 Grand Avenue, Suite 101 Englewood, NJ 07631

Ivan Friedrich, MD • Kenneth P. Rubin, MD • Mark S. Sapienza, MD • Irina Kaplounov, MD • Sandarsh R. Kancherla, MD • Grace H. Yang, MD

Diplomates, American Board of Gastroenterology and Internal Medicine

Upper Endoscopic Ultrasound Prep

NAME:	PHYSICIAN:		
DAY AND DATE:	TIME:	ARRIVE AT:	
	REPORT TO:nour cancellation policy. For procedures cancelled with less than 24 hours		
Please note: There is a 24 l notice, a fee of \$125 dollar		r procedures cancelled with l	ess than 24 hours
1 week Before your test	 Check with our office for specific instructions if you take ANY bloodthinning medications (Coumadin, Pradaxa, Effient, Aspirin (Ecotrin), Eliquis, Xarelto, Plavix, etc.) 		
DAY Before your test	you take A Metformin • STOP oral i (Vitamins • START a CL • NO RED LIC	your physician for specific in NYdiabetes medications (Ins., NYdiabetes medications (Ins., Janumet, Glipizide, etc.) ron 5 days before test with iron are OK) EAR LIQUID diet after Midnig QUIDS (No milk, No orange ju	ght iice)
DAY of your test	 TAKE <u>all</u> youp with a sip Continue a 4 Hours be NOTHING!!!N NO cologne, 	CLEAR LIQUID diet when yo fore your test: STOP <u>ALL</u> ora O gum or candy perfume or lotions please!	you wake u wake up Il intake-
	You must h	ave a ride home-NO Driving	until the following

• For all women of child-bearing age, a urine pregnancy

test must be doneon arrival at the center.