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Gastroscopy

NAME: _____ PHYSICIAN: _____

DAY AND DATE: _____ TIME: _____ ARRIVE AT: _____

PLACE: _____ REPORT TO: _____

Please note: There is a 24 hour cancellation policy. For procedures cancelled with less than 24 hours notice, a fee of \$125 dollars will be assessed.

**1 week Before
your test**

- Check with our office for specific instructions if you take ANY blood thinning medications (Coumadin, Pradaxa, Effient, Aspirin (Ecotrin), Eliquis, Xarelto, Plavix, etc.)
- Check with your physician for specific instructions if you take ANY diabetes medications (Insulin, Metformin, Janumet, Glipizide, etc.)

**Day Before your
test**

- Eat a light dinner NO later than 7PM and START a clear liquid diet until you go to bed.

DAY of your test

- TAKE all your usual medications when you wake up with a sip of water
- You may continue a CLEAR LIQUID diet when you wake up
Gatorade, apple juice, water, ice pops, jello, and broth
BLACK tea and coffee are OK-NO MILK or creamers
NO RED liquids
- 4 Hours before your test: STOP ALL oral intake-NOTHING!!!
NO gum or candy
NO cologne, perfume or lotions please!
- You must have a ride home-NO Driving until the following day!
- For all women of child-bearing age, a urine pregnancy test must be done on arrival at the center.
- NO RED LIQUIDS (No milk, No orange juice)