



Upper Endoscopy (EGD) Instructions

Your upper endoscopy is scheduled for _____, please arrive at _____.

Your CoPay will be _____. You could receive up to 4 bills if your deductible or coinsurance applies. These bills are for the facility fee, physician fee, labs and anesthesia.

Please call your insurance directly with questions related to your coverage.

Your procedure is scheduled at:

The Colonoscopy Center, Lansdale (815 Sumneytown Pike, Suite 110, Lansdale)
The Colonoscopy Center, Sellersville (817 Lawn Ave, Building B – 2nd Building in lot, Sellersville)
Grandview Hospital (700 Lawn Ave, Sellersville)
Einstein Hospital (559 W Germantown Pike, East Norriton)

Your procedure will be performed by Dr. Markos Dr. Lukaszewski Dr. Nam
 Dr. O'Connor Dr. Sun

Prior to arriving, please review our patient rights and responsibilities at
<https://usdigestivehealth.com/privacy-policy>

If you are unable to access the patient rights and responsibilities (or you would prefer a hard copy), have any questions in regards to the prep, or if you need to change your appointment please contact _____ at 215-257-5071 ext _____.

When you arrive for your procedure, please bring both a photo ID and your insurance card(s) with you. You can expect to be here for approximately 1 ½ hours.

For our female patients between the ages of 18-57: On the day of the procedure you will be asked to provide the date of your last menstrual cycle and asked if there is any chance you could be pregnant. If uncertain, we advise you to take a pregnancy test prior to your arrival or your procedure will be cancelled.

IMPORTANT

72 HOURS NOTICE IS REQUIRED FOR CANCELLATION.

IF YOU CANCEL LESS THAN 72 HOURS BEFORE YOUR PROCEDURE, YOU WILL BE CONSIDERED A "NO SHOW" AND CHARGED A \$50 FEE. THIS FEE IS NOT COVERED BY INSURANCE.

PREPARATION: Before your procedure

You will receive anesthesia during the procedure, *so a responsible adult MUST accompany you to your procedure. This person MUST bring you to the office, stay on the premises the entire time, then bring you home. Depending on the status of our waiting room policy, they may be asked to stay in their car until you are discharged. The side effects of anesthesia are sometimes dizziness, forgetfulness and sleepiness therefore:*

- You may NOT be dropped off for your procedure.
- A responsible adult must accompany you and stay with you if you take public transportation.
- Bus, taxi, shuttle or UBER drivers CANNOT be your responsible driver.
- If you do not have a responsible adult to accompany and stay with you, your procedure will be rescheduled.

IMPORTANT!

No solid food as of Midnight the night before your procedure
Clear Liquids are permitted up until 4 hours prior to your procedure

Discontinue all liquids 4 hours prior to your procedure

All liquids must be clear, no dairy, and not red or purple in color

PREPARATION: Day of your procedure

The morning of your procedure you may take your heart and/or blood pressure medication with a *sip of water* at least **4 hours prior** to your procedure. If there is not a four hour window please do not take your medication until after your procedure.

Please no smoking the day of your procedure (cigarette, pipe, cigar, e-cigarette, and/or marijuana).

