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2112 Harrisburg Pike, Suite 202, Lancaster, PA 17604-3200

717-869-4600

**Upper Endoscopy (EGD), Endoscopic Ultrasound (EUS) or ERCP Preparation**

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Date & Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location:**

MidAtlantic Endoscopy – 2112 Harrisburg Pk. Suite 100, Lancaster

MidAtlantic Endoscopy II – 4140 Oregon Pike, Ephrata

Ephrata Hospital – 169 Martin Ave, Ephrata

UPMC Lititz – 1500 Highlands Dr., Lititz

Lancaster General Hospital – 555 North Duke St, Lancaster

Due to the sedation you will receive, you must have a responsible adult accompany you to your procedure.  **Your driver is required to stay at the facility for the entire time of your procedure.** Public transportation is allowed, but only under the supervision of a responsible adult who must stay with you the entire time of procedure.  Bus, taxi or shuttle drivers do not fulfill the requirement of a responsible adult. You may **NOT** be dropped off for your procedure.

**YOUR MEDICATION INSTRUCTIONS: \_\_\_\_\_ initial here**

* + **Stop** taking medications with Iron 5 days prior to the procedure.
	+ Continue all prescribed medications unless otherwise instructed, including Aspirin and Plavix.
	+ Stop any blood thinning medications only if you were instructed to do so.
	+ Take your medications 4 or more hours before your scheduled procedure with a sip of water. If you are not able to take them prior to 4 hours before your procedure, please wait until after your procedure.
	+ Please cease all medicinal and recreational smoked or vaporized cannabis (weed) 12 hours prior to surgery. Ingested cannabis or CBD oil must be stopped 8 hours prior to surgery.
	+ Diabetics: If you have diabetes, check with the physician who takes care of your diabetic medications to see what changes are needed.

Do not take your usual oral diabetic medications the morning of your procedure. Check your blood sugar before arrival. Call the office 717-869-4600 if your blood sugar is 70 or below. Notify the staff immediately upon arrival as well.

* + SPECIAL MEDICATION INSTRUCTIONS:

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 **Diet Instructions**:

1. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT (except for your medications the morning of the procedure with a sip of water).**

There will be a waiting period prior to the procedure. Our staff strives to give every patient individualized, quality care. We apologize for any inconvenience that waiting may cause you.

**OUTPATIENT DISCHARGE INSTRUCTIONS:**

1. Youare advised to rest and relax for the remainder of the day. You will not be able to return to work the same day after your procedure, you will be able to resume work the following day.
2. **UNTIL THE MORNING AFTER YOUR PROCEDURE:**

**DO NOT** Drive or operate any machinery

**DO NOT** Consume any alcoholic beverages or use illicit drugs

**DO NOT** Sign any legal documents or make critical decisions

 **DO NOT** Take any **un-prescribed** medications

1. You may resume your normal diet.

***IF YOU HAVE ANY ROUTINE QUESTIONS, PLEASE CONTACT THE OFFICE AT (717) 869-4600, BETWEEN 8:00-4:00 (WEEKDAYS). PLEASE CONTACT US IF PROBLEMS ARISE BEFORE YOUR PROCEDURE OR IF YOU NEED TO CHANGE OR CANCEL YOUR PROCEDURE.***

***If you have an urgent question or concern after business hours you may reach our on-call physician at 869-4600.***

***PLEASE GIVE AT LEAST 72 HOURS NOTICE WHEN CANCELING. LESS THAN 72 HOURS NOTICE MAY DELAY CARE AND INCREASE MEDICAL COST. IF YOU CHOOSE TO CANCEL YOUR PROCEDURE IN LESS THAN 72 HOURS PRIOR TO YOUR EXAM YOU WILL BE CONSIDERED A "NO SHOW" AND YOU WILL BE CHARGED A $50.00 FEE.***

***ANY PATIENT THAT CANCELS GREATER THAN TWO (2) PROCEDURE APPOINTMENTS WILL NEED TO HAVE A CLINIC APPOINTMENT BEFORE BEING PLACED BACK ON THE ENDOSCOPY SCHEDULE. SPECIFIC CIRCUMSTANCES MAY BE ADDRESSED AT THE DISCRETION OF THE DOCTOR.***

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rev. 09.22.21