

San Francisco Gastroenterology
SFGIMD.COM

ENDOSCOPY PREPARATION SHEET

PLEASE READ THIS AT LEAST SEVERAL DAYS AHEAD OF YOUR PROCEDURE

Your procedure is scheduled for _____, ____/____/____

Register at _____, located at _____
at _____ am/pm.

If you take a blood thinner (for example, Plavix or Coumadin), please notify your physician or our office staff.

You do not need to discontinue aspirin, Motrin, ibuprofen, Naproxen, Aleve, etc. before the endoscopy.

You should arrange for a responsible adult to accompany you home. You will not be allowed to leave the facility by yourself. You will not be allowed to take a taxi or bus home by yourself. You should not drive for the remainder of the day.

Please DO NOT eat anything 6 hours prior to the endoscopy and do not drink liquids, including water, 3 hours prior to the endoscopy.

If you cancel your procedure, to avoid a cancellation fee, please give us 72 hours (3 business days) notice. If you have any questions, please call our staff at (415) 749-6900. Additionally, you can view our website online at www.sfgimd.com