

ENDOSCOPY PREPARATION SHEET

PLEASE READ THIS AT LEAST SEVERAL DAYS AHEAD OF YOUR PROCEDURE

Your procedure is scheduled for _____.

Register at _____ at _____ AM/PM.

If you take a blood thinner, please notify our office immediately.

You do not need to discontinue aspirin, Motrin, Ibuprofen, Naproxen, Aleve, etc. before the procedure.

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 have anything to eat or drink eight (8) hours prior to your exam.

Please DO NOT have anything to drink three (3) hours prior to your exam.

IMPORTANT: Consuming liquids or food within eight (8) hours of your procedure will cause a significant delay in your procedure start time and may cause your procedure to be re-scheduled to a later date.

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 office at (415) 749-6900. Additionally, you can view our website online at www.sfgimd.com.