



## **Englewood Office**

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## **BravoPH Testing Prep**

NAME:	PHYSICIAN:		
DAY AND DATE:	TIME:	ARRIVE AT:	
PLACE:	REPORT TO:		
Please note: There is a 24 ho notice, a fee of \$125 dollars v	ur cancellation policy. For pro	cedures cancelled with less than 24 hou	
week Before	Dradaya Efficient Agnirin (Egatrin)		
our test	Eliquis, Xarelto, Plavix, etc.)		
	Check with your physician for specific instructions if		
	you take ANY diabetes medications (Insulin,		
	Metformin, Janumet, Glipizide, etc.)		
	STOP oral iron 5 days before test		
	(Vitamins with i	•	
AV Defense	• START a CLEAR I	LIQUID diet after Midnight	
AY Before your	NO RED LIQUIDS	<ul> <li>NO RED LIQUIDS (No milk, No orange juice)</li> </ul>	
est	• Gatorade, juice,	water, ice pops, tea, coffee are OK	
AY of your test		sual medications when you wake	
	up with a sip of w		
	<ul> <li>Continue a CLEAR LIQUID diet when you wake up</li> <li>4 Hours before your test: STOP <u>ALL</u> oral intake-</li> </ul>		
	NOTHING!!!NO gu	<del></del>	
	11011111106	arri or carray	

NO cologne, perfume or lotions please!

test must be done on arrival at the center.

• You must have a ride home-NO Driving until the following

• For all women of child-bearing age, a urine pregnancy