Gastroenterology Group of Northern New Jersey
A Division of Allied Digestive Health

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Gastroscopy

NAME:_____PHYSICIAN: _____

DAY AND DATE:_____TIME:_____ARRIVE AT: _____

PLACE:_____REPORT TO:_____

Please note: There is a 24 hour cancellation policy. For procedures cancelled with less than 24 hours notice, a fee of $125 dollars will be assessed.

1 week Before your test

- Check with our office for specific instructions if you take ANY blood thinning medications (Coumadin, Pradaxa, Effient, Aspirin (Ecotrin), Eliquis, Xarelto, Plavix, etc.)
- Check with your physician for specific instructions if you take ANY diabetes medications (Insulin, Metformin, Janumet, Glipizide, etc.)

DAY of your test

- TAKE all your usual medications when you wake up with a sip ofwater
- You may have a CLEAR LIQUID diet when you wake up
- NO RED LIQUIDS (No milk, No orange juice)
- Gatorade, juice, water, ice pops, tea, coffee are OK
- 4 Hours before your test: STOP ALL oral intake-
  NOTHING!!!NO gum or candy
  NO cologne, perfume or lotions please!
- You must have a ride home-NO Driving until the following day!
- For all women of child-bearing age, a urine pregnancy test must be doneon arrival at the center.