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Diplomates, American Board of Gastroenterology and Internal Medicine

Percutaneous Gastrostomy Tube Prep

NAME:	PHYSICIAN:
DAY AND DATE:TIM	:ARRIVE AT:
PLACE:	REPORT TO:
Please note: There is a 24 hour cancellation p notice, a fee of \$125 dollars will be assessed.	olicy. For procedures cancelled with less than 24 hours

1 week Before your test	 Check with our office for specific instructions if you take ANY bloodthinning medications (Coumadin, Pradaxa, Effient, Aspirin (Ecotrin), Eliquis, Xarelto, Plavix, etc.) Check with your physician for specific instructions if you take ANYdiabetes medications (Insulin, Metformin, Janumet, Glipizide, etc.) STOP oral iron 5 days before test (Vitamins with iron are OK)
DAY Before your	 START a CLEAR LIQUID diet after Midnight NO RED LIQUIDS (No milk, No orange juice)
test	 Gatorade, juice, water, ice pops, tea, coffee are OK
DAY of your test	 TAKE <u>all</u> your usual medications when you wake up with a sip ofwater Continue a CLEAR LIQUID diet when you wake up 4 Hours before your test: STOP <u>ALL</u> 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!



Phone 201.569.7044 Fax 732.548.7408

Englewood Office 420 Grand Avenue, Suite 101 Englewood, NJ 07631

• For all women of child-bearing age, a urine pregnancy test must be doneon arrival at the center.