

# Gastroscopy (EGD)

Your insurance company may require pre-authorization  
for this outpatient procedure.

Make sure the office has your current insurance information.

Please let your physician know if you are taking

**ANY BLOODTHINNERS** or if you are **DIABETIC**.

If you are taking **Plavix, Xarelto Eliquis, Coumadin or any other bloodthinner**  
these medications will need to be stopped  
\_\_\_\_\_ days before your procedure.

NAME: \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

TIME: Please arrive at the appropriate facility at: \_\_\_\_\_ AM/PM

\_\_\_\_\_ GA Endoscopy Center, 1429 N Mt Auburn Road

\_\_\_\_\_ St Francis Medical Center, 211 St Francis Drive, Entrance #4



YOU WILL BE SEDATED AND MUST BRING A DRIVER WITH YOU  
OR YOUR PROCEDURE WILL **NOT** BE DONE



- ✓ Please leave all jewelry and valuables at home
- ✓ Bring your completed paperwork (if mailed to you)
- ✓ **Bring a list of your current medications**

**THE DAY PRIOR TO YOUR PROCEDURE:** \_\_\_\_\_

- Have a light low fat meal for dinner
- **NO** solid foods, milk or dairy products after midnight

**Do not drink anything after \_\_\_\_\_  
until your procedure is completed.**

Please call (573) 334-8870 if you have any questions