

**INSTRUCTIONS FOR
 UPPER ENDOSCOPY / DILATION / ERCP**
 (circle one)

Name: _____ Birthdate: _____

Procedure Date: _____ Time: _____ Place: _____ Report to Facility: _____

- Do not eat or drink after midnight.** If your procedure is scheduled for the afternoon, you may have only clear liquids up to six (6) hours before the procedure, then nothing to eat or drink. Clear liquids allowed: Black coffee, tea, water, clear fruit juices like apple, grape, cranberry, broth/bouillon, flavored Jell-O without fruit, Kool-Aid, Hi-C, ice pops, Italian ices, Gatorade, any soda (diet and non-diet). **NO ALCOHOLIC BEVERAGES.**
- Your medication instructions are:
 - _____ Take all your medications as usual (including blood pressure and cardiac).
 - _____ No aspirin or aspirin-containing products for _____ days prior to this test.
 - _____ No Coumadin (warfarin) for _____ days prior to this test.
 - _____ No iron or iron-containing medication for _____ days prior to test
 - _____ No NSAIDS (non-steroidal anti-inflammatory drugs), such as Aleve (Naproxyn), Ibuprofen (Motrin), Advil, or similar meds _____ days prior to this test.
 - _____ Special diabetic medications instructions: _____
 - _____ Other _____
- The AM medications that you are allowed to take should be taken as close to your usual time as possible, but at least (2) two hours before your procedure and with just a sip of water.

On the day of your procedure, someone must drive you home from the office, hospital or outpatient facility. You may not drive a motor vehicle, operate any equipment or return to work until the following day.

PLEASE BE AWARE THAT ANY VALUABLES YOU CHOOSE TO BRING WITH YOU TO YOUR EXAM WILL BE THE RESPONSIBILITY OF THE PATIENT AND/OR THE DRIVER. YOU MAY BRING READING GLASSES TO READ AND SIGN PREPROCEDURE FORMS. **RGAL/MAGIC IS NOT RESPONSIBLE FOR YOUR VALUABLES.** Photo ID is required at time of check in for patient verification purposes.

Please phone RGAL if you have any questions and notify our office within 72 business hours if you need to reschedule or cancel your procedure (717-544-3400). Failure to cancel your procedure within 72 business hours will result in an additional charge as well as a charge for any non-cancelable ancillary services.

Date: _____ Nurse's Signature: _____

