

Upper Endoscopy (EGD) Instructions:

Where: ADVANCED ENDOSCOPY CENTER (AEC)

5500 Broadway, Bronx NY 10463
(West 230TH STREET & BROADWAY) SUITE1A
718-548-7900

Name _____ Date _____ TIME _____

Discontinue any other medications you were instructed to by your doctor.

One week prior to the procedure:

discontinue all aspirin or medications containing Aspirin/Alevee/Motrin/Advil/Ibuprofen.

Night before procedure:

Begin fasting at midnight (No food or water)

On the day of procedure:

Continue fasting. DO NOT EAT OR DRINK
ANYTHING! TAKE ALL YOUR REGULAR MEDICATIONS!

If you are diabetic do not take your DIABETES PILLS the day of
procedure. (ADJUST YOUR INSULIN DOSE AS PER DR. INSTRUCTIONS)

You must notify our office at least 48 hours in advance of any changes or cancellations.

You must arrange for someone to pick you up and take you home.

Any questions please contact our office [718-796-1000](tel:718-796-1000)
www.gastroriverdale.com