

***Upper Endoscopy (EGD) Instructions:***

***Where: ADVANCED ENDOSCOPY CENTER (AEC)***

***5500 Broadway, Bronx NY 10463***

***(West 230<sup>TH</sup> 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/Aleve/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***  
***[www.gastroriverdale.com](http://www.gastroriverdale.com)***