



GASTROENTEROLOGY & LIVER ASSOCIATES  
OF RIVERDALE, PC

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INSTRUCTIONS FOR YOUR PROCEDURE – UPPER ENDOSCOPY (EGD)

**Patient Name** \_\_\_\_\_ **DATE** \_\_\_\_\_ / \_\_\_\_\_ /20 **TIME** \_\_\_\_\_ :

**ONE WEEK BEFORE YOUR TEST:**

- AVOID NSAIDS (Ibuprofen, Motrin, Aleve, Advil)

Stop taking  Plavix/Clopidogrel  Aspirin  Other (\_\_\_\_\_) on \_\_\_/\_\_\_.

\* CONTINUE TO TAKE ALL OTHER REGULAR MEDICATIONS EVERY DAY, (BLOOD PRESSURE, ETC) INCLUDING THE MORNING OF THE TEST (>3 HOURS BEFORE)

**ON THE NIGHT BEFORE YOUR TEST:**

**If you are a diabetic on insulin, check with your doctor to adjust your medications.**

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

**ON THE DAY OF THE TEST:**

TAKE YOUR REGULAR MEDICATIONS WITH WATER 3-4 HRS BEFORE THE TEST.  
**If you are diabetic, do not take your DIABETES PILLS the day of procedure.**

DO NOT EAT OR DRINK ANYTHING ELSE IN THE MORNING.

DO NOT EAT OR DRINK ANYTHING IN THE WAITING ROOM BEFORE THE TEST.

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

You must arrange for *someone you know* to pick you up after the test. Not a taxi driver.

If you have any questions please contact our office at 718-796-1000.