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Procedure Date and Time:	
Arrival Time:Facility:	(see MAP)
PREP INSTRUCTIONS FOR UPPER ENDOSCOPY / E.R.C.P. / EGD	
*If you are taking Plavix , coumadin (warfarin), Eliquis , Brilinta , Lovenox or an thinners , it's very important that you notify the nurses for instructions as when to STOP procedure. If you are taking 325mg Aspirin , switch to 81mg daily 7 days prior to you the day of your procedure	this medication before your
NO food or drink after MIDNIGHT the evening of:	
If you're scheduled for the <u>afternoon</u> , you may have <u>clear</u> liquids ONI prior to your procedure time.	LY, up to 4 hours
List of liquids: Tea, Black Coffee (no creamer), coke, sprite, diet sodas, chicker popsicles, apple juice, cranberry juice (natural red), Gatorade, Powerade, and w Jell-O or RED/ PURPLE products. No Orange Juice, Milk, or Milk Products.	ater. Absolutely no RED
 You may take blood pressure or heart medication with <u>just a sip</u> of w morning of your procedure. 	ater early on the
You MUST HAVE TRANSPORTATION from the facility by an adult family r otherwise, your procedure will be canceled.	member or friend
Please call our office with any questions, at 972-562-4430, option 2 for the	nurse.
NOTES:	