1 Medical Village Dr. Edgewood, KY 41017 Patient Entrance 3A

ST. ELIZABETH EDGEWOOD ST. ELIZABETH FT. THOMAS 85 North Grand Ave. Ft. Thomas, KY 41071 Main Entrance

ST. ELIZABETH FLORENCE 4900 Houston Rd. Florence, KY 41042 1D Entrance

ST. ELIZABETH GRANT CTY 238 Barnes Rd. Williamstown, KY 41097 3A Entrance

ST. ELIZABETH DEARBORN 606 Wilson Creek Rd. Lawrenceburg, IN 47025 Professional Bldg. Suite 220

EGD UPPER ENDOSCOPY

| | is scheduled on: | with Dr | |
|--|--|---|---|
| Arrival Time: | DO NOT EAT AFTER MID | NIGHT, OR DRINK (INCLUDING WATER) AFTER: | <u> </u> |
| Scheduler's Name | | _ (859) 331-6466 | |
| | | PRIOR TO THE PROCEDURE. Please complete all ons, to avoid delays in the admission process. | |
| The following instructions mu | ust be followed in order to e | ensure your procedure has optimal outcomes. | |
| KEEP YOUR APPOINTMI within 72 hours before y You MUST have a responsible will be cancelled. You re headedness, dizziness er procedure. No solid food after midit your procedure. Clear li sorbet/popsicles, broth, Bring your insurance car is in your network, prior doing business as St Eliz Due to the safety and pression The center will not be responsible If you have questions you the physician on call. Due to unforeseen schee If you wear dentures plate Remove dark fingernail Medications: If you take Effient), you should have not clearly understand to Bring inhalers with you Stop Adipex/Phenterm Take blood pressure, | ENT. If for any reason, you are upour procedure. Sensible adult to drive you, who may go by taxi ONLY if you have etc., therefore you should have night the day before your proce- iquids include: Coffee, Tea (with , and water. rd and driver's license. Call your r to the procedure date, to ensu- rabeth Physicians Endoscopy Ce- rivacy of our patients, one visite responsible for lost valuables so but may speak to a nurse between edule changes, you may be aske ease do not use any paste or and polish, facial or tongue piercing e a blood thinner (Warfarin, Co- re received instructions regarding the instructions, please call the u. nine 7 days prior to your proceed heart, pain, anxiety, thyroid | en 8:30am and 5:00pm @ 859 331-6466 after 5:00pm you will and to move your appointment time to an earlier/later time shadhesives the morning of the procedure. gs prior to procedure. oumadin, Jantoven,Pradaxa,Plavix,Xarelto,Brilinta,Eliquis or ing if and when to discontinue the medication. If you have no e office for clarification.(331-6466) | edure your fore lo, facility oup reach ot. t, or do e with |