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Preparation Instructions for Upper Endoscopy or ERCP

Date of Procedure _____

Procedure Time _____

Arrival Time _____

Place

☐ Maryland Center for Digestive Health

Bestgate Medical Clinic
820 Bestgate Road, Suite 1A Annapolis, MD 21401

☐ BWMC (Baltimore Washington Medical Center)

GENERAL INSTRUCTIONS:

- Please notify the office at least one week prior to procedure if you are taking medications for **Diabetes** or if you are taking blood thinners including **Plavix** (Clopidogrel), **Coumadin** (Warfarin), **Pradaxa** (Dabigatran), **Xarelto** (Rivaroxaban), **Effient** (Prasugrel), **Brilinta** (Ticagrelor) and **Eliquis** (Apixaban) Please bring a list of current medications you are now taking.
- Because medications you will receive will make you drowsy, you will not be a competent driver. You must make arrangements for someone to drive you home. Your transportation provider must wait for you.
- **SEVEN DAYS PRIOR:**
- Discontinue aspirin products, iron tablets, blood thinners, herbal products, vitamins and dietary supplements one week prior to upper endoscopy or ERCP unless otherwise advised by your physician.
- Discontinue ibuprofen (Advil, Nuprin or Motrin) or other non-steroidal (NSAID) anti-inflammatory medications for seven days prior to upper endoscopy or ERCP. You may take Tylenol if needed. (Celebrex is okay.)
- Please continue all other prescription medications including any **heart and blood pressure medications**.
- Hold Subcutaneous Injection 1 week prior to procedure. Ozempic, Wegovy, Trulicity, Bydureon, Mounjaro -

Day of Procedure:

- No solid food after midnight. Clear liquids only, up to 4 hours prior to your procedure. Then, nothing to eat or drink not even water, ice, gum or hard candy.
- Take your usual medications as you normally do on the day of your examination unless directed differently by your physician.

PATIENT RESPONSIBILITY

IT IS YOUR RESPONSIBILITY TO CHECK WITH YOUR INSURANCE COMPANY REGARDING PRE-AUTHORIZATION AND ANY REFERRALS NECESSARY FOR THIS PROCEDURE. YOU WILL NEED TO PRESENT A CURRENT PHOTO ID, VALID INSURANCE CARD AND VALID REFERRAL, IF REQUIRED. YOU WILL BE EXPECTED TO PAY ANY COPAYMENTS, COINSURANCE, DEDUCTIBLES AND OUTSTANDING BALANCES AT THE TIME OF YOUR APPOINTMENT. IF YOU ARE NOT PREPARED TO PAY THE FEES DUE, YOUR APPOINTMENT MAY BE CANCELLED.

PLEASE LEAVE VALUABLES AT HOME OR WITH THE RESPONSIBLE TRANSPORTATION PROVIDER. PLEASE BRING YOUR EYEGLASSES. PLEASE DO NOT WEAR ANY JEWELRY OTHER THAN A WEDDING RING.

Anne Arundel Gastroenterology Associates provides medical services regardless of race, color, age, national origin, sex, religion, or handicap. If you are hearing impaired or have a language barrier, please notify our office.