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ADVANCED GASTROENTEROLOGY
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ESOPHAGOGASTRODUODENOSCOPY (EGD)

Your examination is on _____ at _____.

Please arrive at _____.

IMPORTANT: Please let us know if you are taking Coumadin or Insulin. The dose may need to be adjusted. If you take Insulin, take just half your usual dose the day before the exam. **Do not** take Insulin the morning of the exam unless instructed by your physician. You make take your cardiac, breathing, blood pressure medicines at 6:00 A.M. the morning of the exam with a sip of water.

DAY BEFORE THE TEST:

- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT.**

DAY OF THE TEST:

- **You must bring a driver.**
- **Do not eat or drink anything the morning of the test.**

If for any reason you cannot make your scheduled appointment, please call our office as soon as possible at 352-564-3900.