

Upper Endoscopy

Date of procedure: _____ Arrival Time: _____

Citrus Endoscopy Center: 6412 W Gulf to Lake Hwy, Crystal River (352) 563-0223
Suncoast Endoscopy Center: 3621 E Forest Dr, Inverness (352) 637-2787

Hold _____ starting on _____

Day prior to your procedure:

- Do not drink alcohol or smoke the day before your procedure.
- Do not eat or drink anything after **MIDNIGHT.**

The day of your procedure:

- Do not smoke or drink alcohol
- Take your heart, blood pressure, and seizure medication ONLY with a sip of water.
- Take half (½) dose of Insulin.
- Bring your I.D. and method of payment.
- Leave all personal items at home. Wear warm socks. We are not responsible for lost items.
- Arrange for a driver to take you home.

*Anesthesia is billed separately (billed through your insurance first)

*Pathology charges generated after procedure (billed through your insurance first)

IF YOU HAVE QUESTIONS or need to CANCEL/RESCHEDULE (must be >72 hrs prior to procedure), PLEASE CALL ME (Elica (352) 563-2450 EXT:110)