

UPPER ENDOSCOPY (GASTROSCOPY)

Your Procedure is scheduled on _____ Time _____

You need to arrive _____ minutes before the scheduled time to

Mid-Atlantic EndoCenter,
4923 Ogletown-Stanton Road, Suite 100,
Newark, 302-993-0310

Glasgow Medical Center, 2nd Floor,
2600 Glasgow Avenue, Newark
302-836-8350

Christiana Hospital GI Lab, Station 5,
4755 Ogletown Stanton Rd.
Newark, 302-733-1400

ARSHT
625W 12th street, Wilmington DE, 19801
302-255-1000

**YOU MUST HAVE A RIDE AFTER THE PROCEDURE!
A RESPONSIBLE ADULT MUST COME PICK YOU UP. GOING IN A CAR, TAXI OR
BUS BY YOURSELF WILL NOT BE ALLOWED.
IF YOUR ARRIVAL TIME FOR PROCEDURE IS 12:00 PM OR LATER YOUR DRIVER
MUST STAY IN FACILITY, IF YOUR RIDE IS NOT HERE YOUR PROCEDURE MAY
BE CANCELLED.**

If you have any questions, please call our office 302-225-2380.

**You can have nothing by mouth after midnight the night before the
procedure.**

There are certain medications which you will need to discontinue for your examination. **DO NOT take ASPIRIN, COUMADIN, PLAVIX, ALEVE, ADVIL, IBUPROFEN, INDOCIN, NAPROSYN, RELAFEN, VOLTAREN, or IRON for seven days prior to your procedure.** If you take these medications, ask the physician who ordered them if you can stop taking them until after the exam.

Effective April 15, 2010- if you are unable to keep an appointment, you must notify this office within 72 hours for a procedure, or you will be charged 100\$ for a missed procedure appointment's fee: Patients will be billed directly for this charge. Payment is expected within thirty (30) days from receipt of the bill.

**IF YOUR ARRIVAL TIME FOR PROCEDURE IS 12:00 PM OR LATER YOUR DRIVER
MUST STAY IN FACILITY, IF YOUR RIDE IS NOT HERE YOUR PROCEDURE MAY
BE CANCELLED**

If you have any questions: please call (302) 225-2380 to speak with our scheduling department.

Please remember to get any referrals required by your insurance from your primary care doctor.

PLEASE DO NOT CHEW GUM OR EAT MINTS THE DAY OF YOUR PROCEDURE