**Panendoscopy (EGD)**

**ATTENTION!!!! READ IMMDEIATELY!!!!!**

1. If you take any blood thinners (Anticoagulants) like Heparin, Coumadin, Plavix, Warfarin, Motrin or any Aspirin product (Aleve, Ecotrin, Advil, etc) you must discontinue their use 1 week prior to the procedure. If this duration of time remaining off the medications listed above must be shorter please notify our office at 716-632-3577.
2. If you need medication for pain relief, Tylenol (Acetaminophen) is fine to take as needed.
3. Please do not take any oral medications prior to your upper endoscopy. You may bring your medications with you and take after the procedure has been completed. If you have concerns or questions regarding this please contact our office at 716-632-3577.
4. Please notify our office immediately if you have an artificial heart valve or history of pericarditis.
5. You must have a driver with you to bring you home after the procedure. A Taxi is only acceptable if you have another adult present with you for the duration of your procedure and to ensure safe transportation back home.
6. It is important that you fill out and bring the Millard Fillmore Suburban registration form that our office provided for you prior to your procedure.

YOUR PROCEDURE IS SCHEDULED FOR:

DATE:

TIME:

PLACE: **MILLARD FILLMORE SUBURBAN**

**1540 MAPLE RD, WILLIAMSVILLE, NY 14221**

**At Home Covid test is required 24 hours prior to the procedure date.**

**ENDOSCOPY/PANENDOSCOPY**

5-7 DAYS PRIOR TO YOUR PROCEDURE PLEASE AVOID ALL ANTICOAGULANTS AND BLOOD THINNERS (ASPIRIN, COUMADIN, PLAVIX, HEPARIN, ADVIL, ALEVE, IBUPROFEN, MOTRIN, FISH OIL, VITAMIN E ETC). IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE AT 716-632-3577.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT PRIOR TO THE PROCEDURE.

DO NOT TAKE ANY MEDICATIONS IN THE MORNING OF THE PROCEDURE.