

Mid-America Gastro-Intestinal Consultants, P.C.

Mark J. Allen, MD Perry J. Culver, MD John H. Helzberg, MD J. Edward McCullough, MD

Upper Endoscopy Prep

We have scheduled you for an Upper Endoscopy on _____ at _____ am/pm.

Dr. _____ will be performing the procedure at:

- G.I. Diagnostics, Inc., 4321 Washington St., Medical Plaza III, Ste 5700.
- St. Luke's Outpatient Peet Center, 4323 Wornall – check in on the 1st floor.
- St. Luke's Barry Road Outpatient Center, 5830 N.W. Barry Road.

Please register by _____ am/pm in order for us to provide our services in an efficient manner.

YOUR PREP INSTRUCTIONS ARE AS FOLLOWS:

1. Please **STOP ASPIRIN** and aspirin containing products **3 DAYS BEFORE** your test.
2. The **DAY BEFORE** the procedure **DO NOT EAT OR DRINK AFTER MIDNIGHT**. If your procedure is 1pm or later you may have 6 oz of water up to 4 hours prior to your procedure time.
3. The morning of the procedure avoid taking any medications unless otherwise directed.
4. You will be sedated for this procedure. You will **NEED SOMEONE TO DRIVE YOU HOME. NO MODE OF PUBLIC TRANSPORTATION WILL BE ALLOWED INCLUDING TAXIS, BUSES, OR WALKING ALONE**. Please **HAVE YOUR DRIVER WITH YOU AT CHECK-IN** to verify your ride. Sedation may cause temporary loss of memory. Be aware that you may not remember results given to you by your doctor following the procedure.
5. **THE MORNING OF THE PROCEDURE DO NOT APPLY ANY LOTION, BODY OIL, VASELINE OR BODY SPRAY.**
6. Please note that like surgery, procedures take varying amounts of time depending on their complexity. While we try to remain on schedule, occasional prolonged procedures may delay subsequent ones. We will try to keep you advised of any delays.

OUR OFFICE REQUIRES 72 HOURS NOTICE FOR CANCELLATIONS DUE TO THE TIME WE ALLOW FOR YOUR APPOINTMENTS.

If you have any questions regarding your prep instructions, procedure or payment, please do not hesitate to call our office at (816) 561-2000.