

## PATIENT INSTRUCTIONS

YOUR PROCEDURE IS SCHEDULED FOR \_\_\_\_\_ AT \_\_\_\_\_

- [ ] **LOS ALAMITOS MEDICAL CENTER** at 3751 Katella Avenue. Please report to PATIENT REGISTRATION in the MAIN lobby **1 hour before** the scheduled procedure.
- [ ] **MEMORIALCARE OUTPT SURGICAL CENTER** at 3833 Worsham Ave, Suite 200. Please **arrive 30 minutes** before the scheduled procedure.
- [ ] **REAGAN STREET SURGERY CENTER** located at 10904 Reagan Street in Los Alamitos. Please arrive **30 minutes before** your scheduled appointment.

**A \$150.00 FEE WILL BE CHARGED TO YOU FOR PROCEDURES CANCELLED WITHIN 72 HOURS. (3 DAYS)**

## PREPARATION FOR THE UPPER ENDOSCOPY (EGD)

1. NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE EVENING BEFORE THE TEST. Additionally, no smoking or gum chewing during the same period of time.  
  
\*Aspirin containing compounds should be avoided 2-4 days before the test. \*If you have concerns about not taking specific medications (i.e. medications for blood pressure, seizures, diabetes, etc.) please contact our office and speak with my nurse. You may take Tylenol or extra-strength Tylenol as needed.
2. The day of the examination, report to the appropriate GI lab as indicated above. Wear comfortable clothing. Do not wear ANY jewelry, with the exception of rings. The approximate time in the GI lab is usually 2 hours.
3. **YOU MUST ARRANGE FOR SOMEONE TO DRIVE YOU HOME** as you can expect to be drowsy after the procedure. If you plan on taking a taxi or bus, YOU MUST have someone with you to accompany you home.
4. If you have any questions regarding the above information PLEASE call our office and speak with our nurse. If you are unable to keep this appointment, **PLEASE NOTIFY OUR OFFICE AT (562)493-1011** (a 24 hour number) as soon as possible.

**FOR YOUR INFORMATION REGARDING YOUR MEDICAL INSURANCE:** Charges for your procedure are billed independently by the physician, facility and pathologist (i.e. for any tissue samples taken during your examination). Please note that **the FACILITY MAY REQUIRE PAYMENT AT THE TIME OF SERVICE if there are any outstanding out-of-pocket fees i.e. deductible, co-insurance, co-payments, etc.** Since facility charges DO NOT involve physician fees, please contact your insurance company for confirmation of your financial obligation.