EGD INSTRUCTIONS (Upper Chesapeake Hospital)

Patient Name:	DOB:	
 your prescribing prove 7 Days Prior to Example 5 Days Prior to Example 2 Days Prior to Example 2 Days Prior to Example Xarelto (rivaroxab) 	n: Stop taking the following: Brillinta (ticagrelor) ~ Effient (prasugrel). n: Stop taking the following: Coumadin (warfarin) ~ Plavix (clopidogrel) Aspirin n: Stop taking the following: Pradaxa (dabigatran etexilate) ~ Eliquis (apixaban)	
Do Not eatFor procedu	r drink anything after MIDNIGHT the night prior to your exam. es scheduled at 2:00 pm or later, you may have a clear liquid diet until 8:00 am. nouth after 8:00 am.	
	Heart, Blood Pressure, Seizure medications, and Inhalers. Please take these with a small amount of water at least 2 hours prior to your arrival time.	
	Arrive at am/pm.	
Please go to:	Upper Chesapeake Klein Ambulatory Care Center 520 Upper Chesapeake Drive Bel Air, MD 21014 ● 443.643.4700	
	ng your Insurance Card (s) and Photo ID on the day of your procedure. In a panied by a responsible ADULT that will stay and transport you home from t	he

Please do not wear jewelry or bring valuables to the Center on the day of your procedure. If you must cancel this appointment, please give a 72-hour notice.

facility. If your companion is not on site your procedure will be cancelled. A cab, Uber service or any other public transportation is NOT acceptable.

Version 4/7/2022 Scheduled by: _____